

SEC. 3. DEFICIT-NEUTRAL RESERVE FUND RELATING TO PERMANENTLY EXTENDING THE ENHANCED FEDERAL MATCHING RATE FOR MEDICAID EXPANSION.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to permanently extending the 100 percent Federal medical assistance percentage to State Medicaid programs to maintain coverage expansion by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

SA 51. Mr. WHITEHOUSE submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title III, add the following:

SEC. 3. DEFICIT-NEUTRAL RESERVE FUND RELATING TO CONTINUING STATE OPERATED HEALTH INSURANCE EXCHANGES.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to allowing State-operated exchanges to continue and maintaining advance premium tax credits and cost-sharing reductions at current levels for eligible individuals in those States by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

SA 52. Mr. FLAKE submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title III, add the following:

SEC. 3. DEFICIT-NEUTRAL RESERVE FUND RELATING TO PROTECTIONS FOR THE ELDERLY AND VULNERABLE.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to protections for the elderly and vulnerable, which may include strengthening Social Security and Medicare, improving Medicaid, housing reform, and returning regulation of health insurance markets to the States, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the def-

icit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

SA 53. Mr. FRANKEN (for himself and Mr. VAN HOLLEN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD DRIVE UP HEALTH INSURANCE COMPANY PROFITS.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would enable health plans to use less than 80 percent of premium income to pay for claims and quality improvement measures.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

SA 54. Mr. FRANKEN (for himself, Ms. HEITKAMP, and Mr. VAN HOLLEN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER TO PROTECT THE RURAL HEALTH WORKFORCE.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report if the Congressional Budget Office has determined that such legislation would—

(1) reduce the number of doctors, nurses, and health care providers in rural communities;

(2) reduce financial or other incentives for such providers to practice in rural communities, including programs that provide loans, loan repayment, scholarships, or training, including the National Health Service Corps funding established under the Patient Protection and Affordable Care Act (Public Law 111-148); or

(3) otherwise undermine the support for the health care workforce in rural communities as outlined by title V of the Patient Protection Affordable Care Act.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

SA 55. Mr. BOOKER (for himself, Mrs. SHAHEEN, Mr. BROWN, Mrs. MURRAY,

Mr. VAN HOLLEN, and Ms. WARREN) submitted an amendment intended to be proposed by him to the concurrent resolution S. Con. Res. 3, setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026; which was ordered to lie on the table; as follows:

At the end of title III, add the following:

SEC. 3. DEFICIT-NEUTRAL RESERVE FUND RELATING TO ENCOURAGING PRIMARY HEALTH CARE PROVIDERS TO PARTICIPATE IN THE MEDICAID PROGRAM.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to encouraging primary health care providers, including board-certified family physicians, to participate in the Medicaid program and provide important primary care services to beneficiaries, through measures such as reinstating the enhanced matching rate for primary care services, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

PRIVILEGES OF THE FLOOR

Mr. REED. Mr. President, I ask unanimous consent that Michael Martin and Jeremy Gelman, fellows in my office, be granted privileges of the floor for the remainder of this session of Congress.

The PRESIDING OFFICER. Without objection, it is so ordered.

ORDERS FOR TUESDAY, JANUARY 10, 2017

Mr. DAINES. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 12 noon, Tuesday, January 10; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, and the time for the two leaders be reserved for their use later in the day; finally, that following leader remarks, the Senate resume consideration of S. Con. Res. 3.

The PRESIDING OFFICER. Without objection, it is so ordered.

CONCURRENT RESOLUTION ON THE BUDGET, FISCAL YEAR 2017—Continued

Mr. DAINES. Mr. President, I ask unanimous consent that the Senate resume consideration of S. Con. Res. 3.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

ORDER FOR ADJOURNMENT

Mr. DAINES. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent

that it stand adjourned under the previous order, following the remarks from my Democratic colleagues.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Massachusetts.

Mr. MARKEY. Thank you, Mr. President.

I just want to follow up on the statements made by the Senator from Connecticut, Mr. BLUMENTHAL, and the Senator from Hawaii, Mr. SCHATZ. They have laid out in eye-watering detail the problems that the Republicans are creating by their attempt to repeal the Affordable Care Act. What Senator SCHATZ and Senator BLUMENTHAL did was just get to the heart of this matter.

What the United States did for 100 years was to not run a health care system but to run a sick care system—a system that spent 97 cents on what happens after people got sick and only 3 cents of every dollar on trying to prevent people from getting sick. For the first time in American history, that changed in the Affordable Care Act.

What President Obama did, what America did was to create a Prevention and Public Health Fund, and that fund in the Affordable Care Act is spent on prevention programs. It is spent on looking at people who could get asthma, diabetes, heart disease, obesity, high blood pressure, stroke, or die from too much smoking and just say for the first time, in a comprehensive way, that the United States was going to put programs in place that would prevent people from getting the diseases that every preceding generation of Americans have suffered from. That is what the prevention fund is all about. That is what the Republicans are going to repeal, take off the books—this fundamental change to the direction toward prevention, toward wellness that all Americans of all generations want to see remain on the books.

In Massachusetts, if you are in New Bedford or Fall River or if you are in Springfield, those programs target racial minorities, they target low-income families, they target seniors who would otherwise be vulnerable to diseases that these programs can help to prevent. That money is just going to be sliced out of the Federal budget. What will be the consequences? Well, quite clearly, it will cost America a lot more money.

For example, my father died from lung cancer, smoking two packs of Camels a day. How many other fathers, mothers, sisters, and brothers die from a totally preventable disease? Well, ladies and gentlemen, this prevention fund put into place the kind of funding on a consistent basis not just for antismoking programs but for all programs across the books.

I will give you a good example. Back in the 1930s, no women, for the most part, died from lung cancer in the United States. But in the 1950s and 1960s, the tobacco industry hired the smartest PR person in America. This

campaign basically said: “You’ve come a long way, baby.” You have an equal right to get cancer, as your husband, boyfriend, father, or brother has, and 20 years later, unbelievably, women began to die in the United States from lung cancer at a rate that was higher than the number of women who were dying from breast cancer.

Now that is a public relations success of the first and highest magnitude. We didn’t have prevention programs in place. We didn’t have a warning system to say to women, to say to kids: This is dangerous to your health. What did we see? We saw just about every family in America with somebody who died from lung cancer—pretty much every family—and it was totally preventable.

Well, inside of the Affordable Care Act we have this huge, great, innovative breakthrough—a health and prevention program that could be used in every city, every town, and every State across the whole country, targeting the most vulnerable, the most likely to be targeted, the ones most likely to be engaging in dangerous behaviors that are otherwise preventable. We have cured most of the diseases that our grandparents died from. The diseases that people die from today are the diseases that they give to themselves. They are behavioral choices. They are environmental situations into which they are placed that then result in them, unfortunately, contracting the chronic diseases that wind up first harming them and ultimately killing them.

What is a good example? Well, a good example is opioids. Opioids are now a killer of a magnitude that is almost incomprehensible. In Massachusetts, 2,000 people died in 2016 from opioid overdoses. Now, we are only 2 percent of the population of the United States of America. If you multiply that by 50, it is 100,000 people dying from opioid overdoses if they die at the same rate as the people who are dying in Massachusetts—100,000 a year, two Vietnam wars of deaths every single year from opioid overdoses. If ever there was a preventable disease, if ever there was something that was completely and totally subject to having programs put in place that could help people avoid ever getting into that addiction situation—or, once they did, giving them the program money which they need—then opioid addiction is it.

Well, what the Republicans are doing here is just wiping it out. They are wiping out that prevention fund. Moreover, just for the sake of understanding how incredible everything they are considering is going to be in terms of prevention of opioid disease, Medicaid right now pays \$1 out of every \$5 for substance use disorder treatment in the United States of America. In other words, without these prevention funds, without Medicaid funding, the only choice for these families is either getting help or getting buried. That is the bottom line. What the Republicans are doing is just wiping out the help.

So the option is going to be not just 2,000 in Massachusetts multiplied by

50,000, 100,000 deaths a year, we are just going to see this number skyrocket because without public health, without prevention programs, this is an inexorability, it is an inevitability. This is the future. This is just a repetition of everything America did for the preceding 100 years before we put the Affordable Care Act on the books. It doesn’t make any difference whether you come from Connecticut or Hawaii, from Virginia or Michigan, from Massachusetts or from any other State in the Union, there are no barriers to opioid overdose, tobacco deaths, obesity, all of these preventable diseases. It is all coming as a preview of coming attractions to families all across the country. Here it is. This is what the Republicans are promising you: your family, once again, exposed.

Listen to this number. When the Affordable Care Act gets repealed by the Republicans, if they are successful—listen to this number: 1.6 million people who right now are covered for substance use disorders will no longer have coverage. Let me say that again: 1.6 million people who have coverage for substance use disorders will no longer be covered. So we have the prevention fund over here, we have the insurance over here—both gone.

I say to my colleagues, these Republicans—it is almost unbelievable. If you kick them in the heart, you are going to break their toe. We are talking about the most vulnerable people in our country. We are looking at the children. We are looking at people who have substance abuse disorders. We are looking at people who otherwise would never have smoked a day in their life if prevention programs were in place. We are looking at people who would never have to suffer through a life of obesity because the programs were put in place.

What are they saying? They are saying we are going to substitute and create a new program. When? Maybe soon. Maybe just around the corner. Maybe next year. Maybe whenever we get to it. What do you say to those families? What do we say to them?

This isn’t just health care; this is also hope. This is also hope for these families who have chronic diseases, these families who have diseases that were otherwise preventable.

What the Republicans are saying is, we are just going to pull a bait and switch on you. We are going to repeal right now and replace at some point of our choosing in the future, even though we have harbored an ancient animosity toward the creation of a national law in the first place, and the American people are supposed to gullibly accept that argument. Well, we know what they have always wanted to do: leave all of these health care programs, from Medicare to Medicaid, to Social Security, as death-soaked relics of the programs as they have been created by Franklin Delano Roosevelt, by Lyndon Johnson, by Bill Clinton, by Barack Obama. They have always harbored

that animosity toward those programs. This is just the beginning of an assault upon generations of promises to American families who have been transformed by these programs.

Let us fight hard, I say to my colleagues, to make sure these prevention funds are not taken off the books. It is the transformative way of looking at health care which the Affordable Care Act introduced into our society. I thank my friend Senator BLUMENTHAL for leading us on this charge and Senator SCHATZ.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. KAINE. Mr. President, I rise with my colleagues, and I am thrilled to be here with them, to save our health care and to try to convince our colleagues that a repeal of the Affordable Care Act would be health care malpractice, and because health care is one-sixth of the American economy, it would be economic malpractice as well.

What I thought I would do basically is just tell two stories. I am going to tell a Virginia story from before the passage of the Affordable Care Act, and I am going to tell a Virginia story since the passage of the act.

I was first elected to statewide office in 2001, and I became the Lieutenant Governor of Virginia. Shortly after, I started to attend, on a fairly regular basis, a most amazing annual event. It is called the Remote Area Medical clinic in Wise County, VA. It is in the heart of Appalachia, in a community on the border of Kentucky where my wife's family is from. This was an annual medical clinic that was set up by some Catholic nuns who were driving a van around trying to offer medical care to people who didn't have it, and they decided they would recruit volunteers. They would set up at a dusty county fairground, the Virginia-Kentucky fairground in Wise, VA, and open the doors on Saturday to people who didn't have health care. It had been going for many years when I first went as Lieutenant Governor. I had heard so much about it, and I was anxious to go see it.

Here is what I saw when I first went there. People start to come on about Tuesday of the week when it is going to open on Friday, and they come in groups of three or four families, and then they come in groups of ten or dozens, and then hundreds, and then thousands, to this dusty county fairground in late July—hot in Southwestern Virginia. They gather so that on Friday morning, at about 7 o'clock when it opens, they have gotten a number, they know where they are in the line, and sometime over the course of Friday and Saturday, they will be able to see a doctor, in some instances for the first time in their lives. There are doctors, dentists, medical students, the Lions Club volunteers to give vision screenings, hundreds of volunteers, and thousands of people seeking medical care.

The first year I went to this, I was overwhelmed at the magnitude of the

philanthropic spirit of the volunteers, and I was also overwhelmed at the depth of the need. Something made it more palpable by walking around the parking lot to see where people had come from.

This is a community that is on the border of Virginia and Kentucky so I wasn't surprised to see Virginia license plates and Kentucky license plates. It is kind of near West Virginia so I wasn't surprised to see West Virginia license plates. It is near Tennessee. I saw Tennessee license plates. I saw North Carolina license plates. What struck me as I went through the parking lot was to see license plates from Georgia and license plates from Alabama and license plates from as far away as Oklahoma.

We are the richest Nation on Earth. We are the most compassionate Nation on Earth. Yet, in order to get medical care, people would get in their cars and drive for days, and then camp for days, for the chance to see a doctor or a dentist.

It reminded me that first year, and it reminds me still, of the way health care was delivered in the poor country of Honduras where I served as a missionary in 1980 and 1981. There wasn't really a health care network. Occasionally, missionaries or others would set up a clinic in a mountain community once a year—maybe less than that—and people would gather, and that was the way we were delivering health care in a successful State, in the most compassionate and wealthiest Nation on Earth. It is just not right. It is just not right.

The RAM clinic still goes on. It hasn't gone away, but I will tell my colleagues what has happened since the passage of the Affordable Care Act. The percentage of Americans without health insurance has dropped from over 16 percent to about 8 percent. It has almost been cut in half, and the uninsurance rate in this country is at its nearly lowest percentage since we have been able to record that number. That means there is less of a need for the RAM clinics because more people can have a medical home and can seek care. That decline has also been significant because in Virginia, we were about 14 percent uninsured in 2010, and that number has now come down to about 9 percent.

So that first story—the story of this RAM clinic, pre-Affordable Care Act, with one in six Americans not having health insurance—we have done a good thing as a Congress to provide access to dramatically reduce that number.

Let me tell my colleagues a second story. The second story is just about a family, a story in a letter that I received just a few days ago. It is a different aspect of the Affordable Care Act. It is not so much about the reduction in the uninsured, but it is about more peace of mind and security for the majority of Americans who do have health insurance.

Dear Senator KAINE,

As a Senator, you have been charged with an immense task. Your constituents rely on you to work on our behalf to uphold and protect the freedoms we enjoy as Virginians and Americans. We also rely on you to safeguard the legislation that exists to keep our family and so many of our friends and neighbors healthy and safe.

When I graduated from the University of Virginia, I was fortunate to enter a career through which I received excellent benefits. I taught second grade and kindergarten in both Chesterfield and Albemarle Counties. My health insurance was comprehensive and affordable. I didn't know how good I had it.

After years in the classroom, I put my career on hold while I stayed at home with our children. We were so lucky to have been in a position to be able to make that choice. I know that being able to rely on a single income is not a reality for many Virginians. We enrolled in a private health insurance plan through my husband's company, a small business based out of Richmond, Virginia.

Our new plan came at a higher cost than my excellent public-school teachers' insurance, but it was comprehensive and it allowed my husband and me, and especially our children, access to outstanding health care. Just this past year, my husband, who was by then a part-owner in the company, left his position to open his own Financial Advisory firm. It was a move that was made easier because we had the option of enrolling in a health insurance plan through the Affordable Care Act, which we did in July of 2016.

In addition to well checkups, sick visits, prescriptions for antibiotics, and vaccinations, we rely on our health insurance made affordable through "ObamaCare" to, quite literally, save our children's lives.

Our oldest son is "medically complex." He was diagnosed with multiple and severe food allergies when he was just 10 months old. Though he was initially highly reactive to over 13 foods, with the help of a vigilant pediatric allergist, multiple blood draws, tens of skin prick tests, and four in-office, hours-long oral food challenges, my son can now safely eat all foods except for nuts, peanuts, milk, and shellfish. Still, we pay a premium for life-saving prescriptions that we hope he'll never need: Epi-pens. He needs one at school and one that travels with him from home to extracurricular activities. Even after insurance, we pay nearly \$1,000 each year for these prescriptions.

In addition to his pediatrician and allergist, we have been to a psychologist for his anxiety and a cardiologist for a detected heart murmur. More recently, after his pediatrician became concerned about his stagnation on his growth chart, my nine-year old has been subjected to more blood draws, weight checks, countless hemoglobin level checks, and a consultation with a gastroenterologist. Next week he will undergo an endoscopy and a colonoscopy to, hopefully, diagnose a treatable condition that, once known and treated, will enable him to get back on that weight chart and thriving.

Because of our health insurance, we have the peace of mind of being able to afford these doctors' visits, lab work, and medical procedures for our son. Our medical insurance through the Affordable Care Act allows us access to the best medical care and professionals in our area.

Please do what is right for our family. Please do what is right for your constituents. Please do what is right for our country. Please save the Affordable Care Act.

Thank you for taking the time to read one little piece of our family's story.

Sarah Harris, Crozet, VA.

My first story was about people who didn't have health insurance. My second story is about people who do have

health insurance, but the health insurance is now affordable and comprehensive. My second story about the Harris family is also about something else important. Her husband was able to leave a job with health benefits to start his own company, which we want to encourage in this country. We want to encourage entrepreneurs. We want to encourage innovators. Before the Affordable Care Act, somebody like Mr. Harris couldn't leave his job and start a company because he wouldn't have been able to buy insurance that would have covered a child with a preexisting condition. Imagine being a parent with a dream, like so many have, of starting your own business, and realizing you could not achieve that dream and you would have to put it on hold because if you changed your job, you would not be able to get health insurance for your child.

I gave a speech about this on the floor last week. I will just conclude and say this. Health insurance is to provide a protection for you when you are ill or injured, but that is not all it is about because if you are a parent, even if your child is healthy, but you do not have health insurance, you go to bed at night wondering what is going to happen to my family if my child gets sick tomorrow or if I am in an accident tomorrow. Who is going to be there? How is my family going to be taken care of?

So what the Affordable Care Act is about is, as Sarah Harris said, peace of mind. It is about coverage, but it is also about the peace of mind that you need as a parent to know that your child will be protected if you are ill or if your child is injured. That is what the Affordable Care Act has done for the Harris family of Crozet, VA. That is what it has done for tens of millions of Americans.

The Urban Institute indicated that if the Affordable Care Act is repealed without a replacement, or even a delayed replacement, it could cause 30 million Americans to lose their health insurance—and 30 million Americans is the combined population of 19 States in this country. This is not a game. This is very, very serious, life and death, that we are grappling with in this body. My strong hope is that our colleagues will join together and decide that we want to fix and improve the health care system of our Nation but not break it.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Ms. KLOBUCHAR. Mr. President, I thank the Senator from Virginia for his leadership. He recently led a letter which a number of us joined in on to suggest that we make reforms to this bill. I said the day it passed that the Affordable Care Act was not an end but a beginning.

But we have not had opportunity, save for just a few examples where we changed some tax-reporting provisions under 1099. I was one of the people who led the successful efforts to suspend

the medical device tax—something the Presiding Officer cares a lot about in his home State—but in truth, we have not had the opportunity that Senator Kaine suggested to make changes to this bill. Instead, we have been faced with the thought of just simply repealing this bill, with no replacement, with no plan in place. So we would all say to our colleagues across the aisle: Show us the plan. Show me the plan. Once we see that, we can start talking, but that is not what is happening today.

Additional changes could be made to the act, including increasing the amount of subsidies available to exchange enrollees, something important in my State; establishing perhaps State-based reinsurance programs; doing something about the pharmaceutical prices, something I have long advocated for. I have been ready and willing to work with my colleagues on both sides of the aisle and to find additional commonsense improvements to the law, but repealing without a replacement plan is simply unacceptable. It is chaos.

As my colleague from Virginia reminded us with a touching letter that he read from his constituent, let's remember what health care reform means to families across this country, why we have this bill in the first place. Americans with preexisting conditions, like asthma, diabetes, heart disease, and cancer, can no longer be denied access to health insurance coverage. Children can stay on their parents' plans until they are 26, a dramatic change that helps so many families across America. Women are no longer charged more than men for health insurance.

We had a lot of issues when we debated this bill, making sure that being a woman or being a victim of domestic violence was not a preexisting condition. I see the Senator from Michigan, Ms. STABENOW, who fought for maternity benefits. I will never forget the story in her committee, when one of the Senators suggested that maybe maternity benefits shouldn't be mandatory as part of a plan because he had never used them. Without missing a beat, Senator STABENOW looked across the table and said: I bet your mother did.

The point is, we made good changes in this bill that help people. There are no longer annual or lifetime limits on how much health insurance companies will cover. All health insurance plans must now cover a basic set of services, which includes mental health care, addiction treatment, prescription drug coverage.

If the ACA is repealed, nearly 30 million Americans could lose access to health insurance, increasing the number of uninsured by 103 percent. More than 80 percent of these Americans are members of working families. In Minnesota, it is estimated that 380,000 fewer people would have health insurance in 2019 if full repeal is successful.

Many Minnesotans have contacted me in the last few months, frightened

about the future of their health care coverage.

I heard from a man in Orono. His wife was diagnosed with cancer this year. On top of everything his family is now dealing with, he is terrified that his family will lose coverage if there is a repeal. He wrote to me, begging me to help. He and his family will be bankrupt by the cost of his wife's treatment if they lose their health insurance.

I heard from a 24-year-old young woman from St. Paul. She has a chronic disease, and her medication would cost \$4,000 a month. Thanks to the ACA, she has been able to stay on her dad's health insurance plan, which covers a significant amount of these costs. If she isn't able to remain on her dad's plan, she will not be able to afford the lifesaving medication she needs.

I heard from small business owners in Aurora. Before health care reform, one of the owners had a lifelong preexisting condition and was denied access to health insurance. Once the Affordable Care Act took effect, she was finally able to purchase coverage through her small business. She also qualified for the small business tax credit. She reached out to me because she fears she will lose the coverage she needs to stay healthy and be able to run her business.

I heard the story of a woman from Crystal. She works two part-time jobs, neither of which offers health insurance. Before health care reform, she couldn't afford to go to a doctor. Thanks to the Affordable Care Act, she gained coverage through Minnesota's Medicaid expansion and was able to get treatments she needed and wouldn't have been able to afford without her insurance. Now she is scared she will lose her coverage. If the Medicaid expansion is repealed, she knows she will not be able to afford any of the treatment she needs.

These are just some of the heart-breaking stories of people who have contacted my office. There are many more. The Affordable Care Act repeal will have real consequences for families in Minnesota and across the country, but families aren't the only ones who will see the negative impacts. They are going to see it through rural hospitals. Health care reform provided a lifeline to these hospitals by extending coverage to millions of patients who can now get prescription drugs and treatment without having to turn to emergency rooms for assistance. This lifeline was helpful in three ways.

First, the health care reform law included a provision to extend prescription drug discounts—between 25 and 50 percent—to over 1,000 rural hospitals through the 340B Program. The RiverView Health facility in Crookston used the savings from the 340B Program to recruit orthopedic surgeons and oncology specialists, update equipment, start a clinic, and start a 24/7 onsite lab.

Second, the Medicaid expansion, under health care reform, provided coverage for millions of previously uninsured patients in rural States. This means crucial new revenue for rural hospitals.

Third, health care reform enabled nearly 2 million rural Americans, including in my State, to purchase subsidized private coverage on exchanges last year alone—which is an 11-percent increase from 2015. Even with these gains, the National Rural Health Association recently said that most rural hospitals have been “operating on a break-even margin or at a loss in certain cases.” These hospitals can’t afford to see a repeal of the ACA with no replacement that works for them.

As we look to improvements, I would mention a few things with prescription drug prices. According to a 2016 Reuters report, prices for 4 of the Nation’s top 10 drugs increased more than 100 percent since 2011. The report also shows that sales for those ten drugs went up 44 percent between 2011 and 2014, even though they were prescribed 22 percent less. In any given month, about half of all Americans and 90 percent of seniors take a prescription drug.

So what has happened? The price of insulin has tripled in the last decade. The price of the antibiotic doxycycline went from \$20 a bottle to nearly \$2,000 a bottle in 6 months. As was pointed out, naloxone, a rescue medication for those suffering from opioid overdose, was priced at \$690 in 2014 but is \$4,500 today. This is a rip-off, and this cycle can’t continue. A recent study showed that one in four Americans whose prescription drug costs went up said they were unable to pay their medical bills. They are skipping mortgage payments. They are not being able to pay their bills.

So what are some solutions? I recently introduced and am leading a bill, with a number of other Senators, for negotiation for prices under Medicare Part D. The President-elect has voiced support for this kind of effort. Let’s get it done.

Secondly, drug importation. Senator McCAIN and I introduced and reintroduced our bill again, which allows for less expensive drugs to come in from Canada so we finally have some competition. It would simply require the FDA to establish a personal importation program that would allow Americans to import a 90-day supply of prescription drugs from an approved and safe Canadian pharmacy. We wouldn’t need this if we didn’t have these escalating prices.

Third, Senator GRASSLEY and I have a proposal to crack down on pay-for-delay that prevents less expensive generic drugs from entering the market.

Finally, Senators LEAHY, GRASSLEY, MIKE LEE, and I have introduced our bipartisan Creating and Restoring Equal Access to Equivalent Samples Act, to make it easier for generics to enter the market and stay in the mar-

ket. The answer to this is competition, and we are not going to have competition if we deny access to that competition.

In conclusion, no family should be forced to decide between buying food and filling a prescription or paying the mortgage and taking a drug as prescribed. It is time to pass legislation to ensure that Americans have access to the drugs they need at the prices they can afford. I am more than happy to talk to my colleagues about some of these proposals, but we simply cannot repeal this bill with no plan on the table to replace it.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I rise this evening to speak about the Republican effort in the Senate, by way of a budget resolution, which includes so-called reconciliation instructions to repeal the Patient Protection and Affordable Care Act, in this case, unfortunately, without any replacement for that legislation we passed a number of years ago.

In a word, I think this is a plan for chaos—chaos certainly for insurance markets but more particularly chaos and damage done to middle-class families whose costs will go up. Of course, their coverage will be affected adversely. A repeal act without replacement would raise the price of prescription drugs for older Americans across our country, put insurance companies back in charge of health care, cost our economy millions of jobs, and devastate funding for rural hospitals and rural communities in Pennsylvania and across the country.

I think, on a night like tonight, where we are just beginning a long debate about how to bring affordable care to Americans and how to continue that, we should reflect back on where things were before the Patient Protection and Affordable Care Act.

Over 50 million Americans were uninsured in 2009—50 million people. People with any sort of medical condition were routinely denied health insurance or were charged exorbitant rates because of their health histories. Women in the United States were routinely charged more than men for their health insurance. This is not an exhaustive list. Finally, individuals who were ill were routinely dropped from their health care coverage because they had reached arbitrary caps on the amount of care an insurer would pay for a given year.

So let us talk about what has happened since then. Since the passage of the Affordable Care Act in 2010, we have come a long way. More than 20 million Americans, including almost 1 million in Pennsylvania, have received health insurance as a result of this one piece of legislation. One hundred five million Americans are protected from discrimination due to preexisting conditions. Those are 105 million Americans with preexisting conditions who are no longer barred from treatment or

coverage as they were before. Nine million Americans have received tax credits to help them cover the cost of their insurance. Eleven million seniors have saved over \$23 billion from closing the Medicare Part D prescription drug plan’s so-called doughnut hole. Doughnut hole is a benign way of saying burn a hole—costs that were burning a hole in the pockets of America’s seniors.

Finally, hospitals in States like Pennsylvania are getting a lot of help due to the legislation. In Pennsylvania, our hospitals have saved \$680 million due to reductions in uncompensated care. I think, in the end, most of this is about real people and real families and their real lives and, unfortunately, the real consequences that would adversely impact their lives.

Among the 3 million Pennsylvanians with preexisting conditions, there are two remarkable young women whose mother first contacted me in 2009—Stacie Ritter, from Manheim, PA. Stacie is a mother of four children, including twin girls, Hannah and Madeline. That is a picture of Hannah and Madeline a number of years ago. Hannah and Madeline were diagnosed at the age of 4 with a rare and dangerous type of leukemia, at such a young age.

Stacie and her husband went bankrupt. They literally went bankrupt trying to pay for their daughters’ medical bills. She wrote to me at the time, saying that without health care reform “my girls will be unable to afford care, that is if they are eligible for care that is critically necessary to maintain this chronic condition. Punished and rejected because they had the misfortune of developing cancer as a child.”

So said Stacie Ritter, one mother in one community in Pennsylvania in 2009. She was talking about her daughters being punished and rejected, as if they had any control over the cancer they were diagnosed with. Fortunately, Hannah and Madeline are healthy young women today. Madeline and Hannah are freshmen at Arcadia University and are doing well. The Affordable Care Act protects them by assuring they will have access to affordable coverage, whether on their parents’ plan or on a plan in the market. Because of their medical histories, they have ongoing health care needs, and they don’t know what they would do without the Affordable Care Act.

Here is a picture of them today, and you can see what a difference health care makes in the life of a child—in this case, the life of two children who are now young women and in college. I don’t even want to think about it, but we should think about what would have happened without this legislation. We should not ever put children and their families in that circumstance.

If you are talking about a new plan, you better have a plan that would cover children like Hannah and Madeline, and you better be able to pay for it. You can’t just talk about it. You can’t just promise it. You have to be able to pay for it, as we did in this legislation.

While we are on the question of costs, let's talk about it in human terms—human terms meaning young women like Hannah and Madeline. We have heard an awful lot from Republican Members of the Senate and Republican Members of the House of Representatives. They have been promising to come up with a “better plan” than the Affordable Care Act since 2010. Since March of 2010, when this passed, you would think that by now they would have a plan—a plan that would replace what they had repealed. That is part one. Part two is a plan that is better, because that is what they promised. They used other words to describe it as well.

Now almost 7 years later—and it will be 7 years in March—where is their plan? I don't think anyone has been able to find their plan. Some Members of the Senate on the Republican side of the aisle have said recently that they have a plan but they haven't released it yet, or they have parts of a plan or different plans but they are putting them together, and we will see them soon. Others don't seem to know whether there is a plan or not. So they promised to replace the Affordable Care Act only after they repealed it and only after millions of Americans would lose their insurance.

Where is the plan after 7 years? You would think, if you were serious about a matter of public policy—something as substantial and as consequential in the lives of families—that after 6-plus, almost 7 years you would have a plan ready to go, and that plan would be comprehensive, and that plan would cover at least 20 million people, maybe more.

That plan would have all the protections that I spoke of earlier. Young women like that, when they were children, would not have their treatment capped. Someone with a preexisting condition would be protected. Women would not be discriminated against. All of those protections, including the coverage, would be part of that plan—you would think.

It seems as if to find the Republican plan here in Washington, you would need to hire a really good private investigator to look in every corner of Washington. Maybe it is in some of the desks here. Maybe we just haven't found it yet. So far, there is no plan—no plan. There is a lot of talk and a lot of hot air about repeal but no plan.

What does the Brookings Institution say? They say that the number of uninsured Americans would double if the act is repealed. To be precise, that would leave 29.8 million people without insurance. It would go from 28.9 to 58.7 million people. I started tonight talking about 50 million uninsured in 2009. If you repeal this legislation and you don't replace it with something that is very close to comparable, that means you no longer have 50 million uninsured like we did in 2009, you have 58.7 million—let's round it off to 59 million Americans without insurance—despite

all the gains we have made in the last number of years.

What does that mean for Pennsylvania? Since the bill was passed, 956,000 Pennsylvanians stand to lose their coverage because that is how many have gained it. The Congressional Budget Office, which is the Congress's referee or scorecard, estimates that insurance premiums would rise by 20 percent if the act is repealed without a replacement.

The Commonwealth Fund, in a recent report, estimated that repealing the act would cost our economy 2.5 million jobs per year—not over 5 years or 10 years but 2.5 million jobs per year.

Pennsylvania is a State where, despite having huge urban areas in both Philadelphia and Pittsburgh and a lot of cities in between, we have millions of people literally that live in so-called rural communities, rural counties. By one estimate of our 67 counties, 48 of them could be categorized as rural counties. We have a lot of people who live in, make their living in, and work very hard in rural communities.

One of the headlines that caught my attention last week was from the *Fiscal Times*. This is from January 5. You can't see it from a distance, but the headline reads: “Obamacare Repeal Could Push Rural Hospitals to the Brink.” It is all focusing on rural hospitals and the cost of repeal.

We know that a couple of years ago there was a report by First Focus that focused specifically on rural children and their health care. Here is what the conclusion of that report was. As of 2012, the year they examined, Medicaid and the Children's Health Insurance Program covered 47 percent of rural children, compared with 38 percent of urban children. Almost half of rural children, as of this report, received their health care from Medicaid or the Children's Health Insurance Program. Both would be adversely impacted by both the repeal of the Affordable Care Act and the implementation of the House Republican budget, which I think is the most extreme budget ever proposed in Washington.

That is the reality just for rural children and their health care and, also, the predictions about what will happen to rural hospitals. A lot of people employed in Pennsylvania—tens of thousands—are employed in rural hospitals in our State.

One of the individuals who contacted us to talk about this issue in the context of being in a somewhat rural community but someone who is actually doing farming—and, of course, farming does not occur just in rural areas—is Julia Inslee, from Coatesville, PA. That is in Southeastern Pennsylvania, where we have a lot of farms, as well, just like we do in the middle of the State and in the western, northeastern, and northwestern part of the State. Julia turned her family's hobby farm into a full-time operation. Here is what she wrote to her office in November.

I am one of the millions of people who have benefited greatly from affordable access to

health care. I work part time as a tutor at a community college and nearly full time as a farmer. Neither one of these jobs provides me with health care, nor do I make enough to pay several hundred dollars in premiums per month. The government subsidy is what makes it possible for me to have healthcare. If Obamacare is taken away, I will most likely have to give up farming, and if anything, we need more farmers, not fewer.

That is what she says. “If Obamacare is taken away, I will most likely have to give up farming.”

Why would we do that? Why would we say that to someone who has achieved success in any profession or any job or any career—but especially something as fundamental to the economy of Pennsylvania? By one estimate, our largest industry is agriculture in Pennsylvania. Why would we say to that farmer: They have this idea to get rid of legislation in Washington. You are just going to have to come up with a new profession. Why would we force people to give up farming in order to meet the demands of some people in Washington?

Julia is facing the likelihood, if the act is repealed, of losing her ability to support herself because her insurance would be too expensive.

I have to ask: Is this a “better plan”? Is this what Republicans have come up with? We shall see.

Rebecca Seidel is a dairy farmer as well. She is from Douglassville, PA. Rebecca co-owns a herd of dairy cows, and she talked with me just last week about how dangerous farming can be and how scary it is not to have insurance. She says:

As the daughter, granddaughter, and great-granddaughter of Pennsylvania dairy farmers, I've seen my share of agricultural catastrophes. Between equipment and large animals, every day comes with potential hazards. Will I break a rib getting between two cows who are fighting? Will a blade come loose from the bedding chopper and hit me? Will my hand be broken through miscommunication with someone operating the skidloader? These are realities with which I live every day and I am able to go about my job bravely because I know none of these events would financially destroy my family.

She said the Affordable Care Act allowed her to work, and she wrote:

Threats to the ACA are threats to our future, Senator, and to the future of small businesses, agriculture, and families.

Rebecca and her husband don't know what to expect with repeal of the law. They want to start their own business, allowing their current employer to hire more people, but they don't know what they will be able to afford in such an environment of uncertainty. Rebecca and her husband don't know if they will be able to realize their plans to start a new business. How is this a better result for them, we would have to ask.

Finally, we have a story of a businessman, Anthony Valenzano. Anthony is a small business owner who has been successful with the hard work of one employee who purchases an affordable

and comprehensive plan through Pennsylvania's health insurance marketplace. This is what Anthony said as a small business person:

It is my opinion that the Affordable Care Act is the best thing the federal government has ever done for a real small business like mine. This bill paved the way for entrepreneurs to strike out on their own, knowing that they have a way to get health insurance. The bill allowed these entrepreneurs to attract professional employees who would otherwise have never left a corporate job to join a small startup.

His business relies on his one employee—in this case, he has one who is central to his business—being able to purchase affordable health insurance, since, with only one employee, he cannot get her on employer-sponsored coverage. He said, “Looking forward, we plan to do even bigger and better things, but she still needs health insurance to do it, and if we lose the Marketplace, iQ Product Design will likely lose its key employee and will be unable to create the next big market-changing product.”

He is asking: What is going to happen? Is there a replacement plan? What happens to his employee? What happens to his business? We have a long way to go to debate these issues. But I have to ask again, if there is such a better idea here after almost 7 years now, where is this replacement plan? We haven't heard one word about the details of it. Where is it? I think that is what a lot of Americans are asking. We know what Republicans want to do: Repeal the Affordable Care Act or patient protections in the Affordable Care Act for all those people with insurance who had much better protections solely because of this legislation.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan.

Ms. STABENOW. Mr. President, first I want to thank my good friend and colleague from Pennsylvania who serves with great distinction with me on the Agriculture Committee. I love that he is speaking about our farmers. In a few minutes, I am going to talk about Sonya, who is a blueberry farmer and small business owner from Michigan. We know there are so many small business owners and farmers who finally have been able to find affordable health care because of what was passed in the health care reform act.

I want to thank Senator CASEY for being such a strong advocate for those dairy farmers. We have a few dairy farmers in Michigan, as well, and we appreciate very much his advocacy.

I want to take a step back and look broadly for a moment at what is really happening here and why we are so concerned and why we have spent all of this evening and are going on into the night to talk on behalf of the people we represent on the impact of what repealing the Affordable Care Act without having a replacement that is as good or better in place at the time would really mean for people.

Republicans get sick. Democrats get sick. Independents get sick. People who

don't vote get sick. This is not a partisan issue. This is about one of the most basic human needs, most basic things that we care about for our families. People go to bed at night and say: Please God, don't let the kids get sick. Make sure Mom is OK, Dad is OK.

Because of the Affordable Care Act, because of the increases in access to affordable health care that we were able to pass a number of years ago, fewer people are having to worry. There are still people worrying, and there are still issues. There are still costs, and there are still things to do. I am anxious to get about the business—all Democrats are anxious to get about the business of making sure that health care is more affordable and doing more to bring down the cost of prescription drugs. I am also concerned about small businesses. There are things that we can do together, that we should be doing on a bipartisan basis, but we shouldn't be repealing health care and unraveling the entire system and creating chaos in the entire system instead of focusing on how we make health care better for families.

The bottom line of what is being proposed—and what this budget resolution is really all about—is going to make America sick again. That is the bottom line. We are going to create a situation where more Americans will be sick and not be able to see a doctor, not be able to find affordable insurance, or not be able to have the protections that they currently have under what we like to call the Patient's Bill of Rights—the patient protections for everybody. Seventy-five percent of Americans get their health insurance through their employer, and every one of them—all of us—have benefited from changes in health care that have taken total control out of the hands of insurance companies and given us more assurances that if we get sick, we are not going to get dropped. If we have an illness or our child has juvenile diabetes or cancer or Alzheimer's or leukemia or high blood pressure or if you are a woman of child-bearing age, which is viewed as a preexisting condition so you have higher rates—all of those things were changed in the interest of the American people.

Basically, when we look at it, there are four different areas where health care reform has made a difference in people's lives and what we are fighting for tonight. We are fighting for these things. We are fighting to have them not taken away and to have the system not ripped up and not create a situation where we cause incredible harm by what Republican colleagues are talking about doing.

The first general category is putting insurance companies back in charge by repealing the patient protections. That is what is being talked about: keeping young people, your son or your daughter, on your insurance until age 26. They graduate from college; they probably already have mounds of debt. Letting them get started in the workplace

and stay on your insurance has made an incredible difference for hundreds of thousands of young people across the country. That is gone.

Guaranteed access to essential health benefits. I did fight very hard so that we had a benefit package that includes simple things, important things for women, like maternity care. Prior to health care reform, about 70 percent of the insurance policies that were available in the private market—if a woman were to go out and try to find insurance, about 70 percent didn't provide basic maternity care. Now all the policies have to provide maternity care. Policies have to include mental health and addiction services like physical health, so we are saying that if you have an illness above the neck, it ought to be treated the same as an illness below the neck. These are patient protections for all of us.

In health care today, you can't have your services capped. I have seen and spoken with so many doctors who treat cancer in children and adults. Families talk about the fact that in the past there would be a financial cap or a number of visits or a number of treatments as a limit, and if you were done with your treatment and your doctor didn't feel that you received enough treatments, too bad. Your yearly cap is up or the lifetime cap is up. Right now, that is gone. But with the repeal, those caps come back.

Preventive services with no copay. We want folks getting a wellness visit, getting a mammogram, being able to get contraceptive coverage, being able to get preventive cancer screenings. Doing that without a copay has made a tremendous difference in people being able to get the preventive care they need.

There are so many other things that have been put in place for everyone who has insurance. All of that gets ripped away with repeal, and there is no excuse for that. There is no way we are going to allow that to happen without continuing to fight as hard as we can. It is outrageous.

The second thing is cutting Medicare and Medicaid. All of the health care system is tied together. When we made changes in Medicare, we lengthened the solvency of the trust fund—12 more years of solvency in the trust fund, 12 more years of making sure it is solid, financially viable. That goes away.

My colleagues have talked about prescription drugs and the fact that we have closed this gap in coverage. If you have high bills related to the cost of medicine, right now you are covered. When you get to a certain point and there is a complete gap in coverage and you are not covered anymore, and then you are covered again—folks call that the doughnut hole. We are closing that so there is no gap in coverage.

With repeal, the doughnut hole comes back. Coverage is lost. Costs for medicine go up. Preventive services under Medicare are ripped away if we see a repeal. And there is not a replacement that is put in place that is equal

to or better than what we currently have.

Medicaid. We have so many people who are working for minimum wage, working really hard at minimum wage jobs, who never had the opportunity to have health insurance before, and now they do. That is gone if the whole system is ripped up. Most of Medicaid goes for seniors in nursing homes, long-term care. If you look at the nominee for Secretary of Health and Human Services, who has proposed completely re-writing, ripping up Medicare as we know it, as well as health reform and the Affordable Care Act—if you put all that together with this repeal and somebody who wants dramatic changes—I believe it is \$1 trillion in cuts proposed by the current chairman of the Budget Committee or the gentleman who now is being proposed for Secretary of Health and Human Services—Medicare and Medicaid are seriously threatened by all that is talked about right now.

We are talking about, in total, kicking 30 million Americans off their insurance. In Michigan, all together, counting Medicaid and those who are purchasing through the new insurance pools, it is over 2 million people. One out of five people in Michigan and their families will lose their access to a doctor and medical care.

What does all of this mean? It means costs are going to go up both for coverage and prescription drugs. And for Republican colleagues who say: Well, we are going to repeal it now, but not really because we are going to say it is repealed and then we are going to wait 2 or 3 years—first of all, Republicans have had 6 years of talking about repeal. It has been over 50 times in the House of Representatives. You would think within that time they would have been able to come up with a plan, not a bunch of ideas but a plan to show that, in fact, these things aren't going to happen; that they are not going to unravel the health care system; that they have something bigger, better, greater, but that is not what we are hearing. We are hearing: Well, we don't have it yet; we don't know if we are going to have it. We will try to figure it out somehow, and we will wait 2 or 3 years.

What happens in the insurance market when insurance companies don't have predictability? Rates go up. What happens when hospitals—and I have already been told this in Michigan—don't know what is coming? You pull back. You pull back on investments. You pull back on what you are doing in terms of coverage because you don't know what is coming.

This makes no sense whatsoever. I understand politics. I understand slogans. I understand all the rhetoric that has been said for years about repealing health care reform, but this is the most irresponsible thing I have ever seen in my life if there is a repeal with no replacement immediately that at least equals what people have today—the

protections, the coverage, the strengthening of Medicare, the lowering of prescription drug prices under Medicare, the help for people who work hard every day on minimum wage and are finding access to a regular doctor instead of using the emergency room, which, by the way, raises health care costs.

The truth is, we all are here because we care deeply about this. If our colleagues want to stop this craziness of running the cow off the cliff and decide that maybe we are going to work on just fixing it together, we are ready, willing, and able to do that. We know, as with any major change in form, that after they work a while, you have to figure things out and you have to fix problems. We are more than willing; we want to do that. We have been offering to do that and suggesting that for the last several years. But this approach is outrageous and completely irresponsible, and, in fact, it will make America sick again.

Let me conclude by just sharing a couple of stories from constituents in Michigan. I have heard from a lot of people, particularly small business owners, people who have the freedom now to be able to leave their job where they were working only because of the insurance. That has happened to my own family and friends, where folks are in a job that does not work for them but at least they have insurance.

The Affordable Care Act has given the flexibility for someone to step away, to be able to start their own business or their own farm, like Sonia who is a blueberry farmer in Michigan. She has written me, indicating they are extremely fearful that they are going to lose their insurance under the new administration because of what Republicans are talking about.

She says:

A number of years back in 2000 I quit my traditional job and my husband, who had been laid off, and I bought my step-dad's blueberry farm. He had passed away in 1995, and we took care of my mom who had inherited the farm, and lived with us for a year and a half until her death. We are full-time farmers, small farmers, about 15 acres of blueberries. We also have a small garden center, Sweet Summer Gardens, which is open from May to September, and a small bead store, the Enchanted Bead. It is open year round.

She says:

We are hard-working people who love the life that we have carved out for ourselves, but there some drawbacks to being self-employed and small business owners. In 2012, I tore the meniscus in my right knee. I did nothing to take care of it because I did not have insurance. But then in April of 2015, 3 years after the injury, I finally got to the point where I could no longer take the pain. Luckily, we had signed up for insurance through the Affordable Care Act. I was able to have the severe tear repaired.

Then she goes on to talk about how a little later there was a cancer scare, and she had to go in for ultrasounds and lab work and an outpatient D&C.

Because she was able to do that, she was fortunately able to find out it was

not cancer, thank goodness. Again, because of the Affordable Care Act and her insurance, she was able to get the services she needed. She goes on to talk about a number of different health challenges for them, including the following:

Finally we have coverage for preventive care. My husband had a physical, the first time since high school, and we found out that there was an issue that needed to be addressed. He was referred to an orthopedic surgeon, discovered he had severe arthritis. It was causing constant pain. Again, we were able to have insurance coverage. Because of the Affordable Care Act, he was able to have this repaired.

She says:

We are hard-working people. We have never asked for help. But we are extremely concerned because we could not afford our insurance right now without the tax credits—the subsidy.

She says:

This morning, watching the news, we were met with a story that the Republicans are all ready to repeal ObamaCare. They said that while they couldn't take away the insurance, they could take away the subsidies. This would put insurance out of our range and we would no longer be able to afford it. My husband Larry said to me, "they couldn't just throw us out to the dogs, could they?"

She says:

My reply was, "anything is possible."

I know the Affordable Care Act isn't perfect. I know that not everyone has taken advantage of it, but there has to be a way to fix it without hurting the millions of people who have been helped by it.

In fact, Sonia, there is a way to fix it without hurting you and your husband, full-time farmers and small business owners. I have a number of other stories. I am going to pause because I have other colleagues who I know want to speak who care deeply about this as well. I will share those at a later point.

Let me just say, what we are talking about is not a game. It is not. This is about real people with real lives who are encountering situations that could happen to any of us. Too many people are not in a situation, without Medicare or Medicaid coverage or access to health care through the exchanges, to be able to see the doctor and get the care they need. That has changed in the last number of years.

There is more to do. We can work together to make it even better, but the idea that people are not being helped today, that small business owners and farmers and families are not getting medical care today because of what was done is just not true. It is just not true. The reality is, we are in a better spot with more to do. Pulling the thread and unraveling the entire system and creating chaos in the entire system makes no sense.

So we as Democrats are going to do whatever we can. We know that ultimately the votes are there. If the Republicans in the House and the Senate and the new President want to completely dismantle the health care system, unravel the health care system, weaken Medicare, and weaken Medicaid, you can do it. You have the votes to do it.

People right now who get care, the millions of people, the over 2 million people in Michigan alone who have been directly helped by the Affordable Care Act, they know that. They will know when that is no longer available to them. It will hurt many, many people. We hope colleagues will take a second look and decide to work with us in a way to move forward on health care that will allow people to get the care they need at an affordable price for themselves and their families.

I know that is what we all want for our families. We should be doing everything humanly possible to make sure people have the affordable care they need and the protections they need to get care when they need it.

I yield the floor.

The PRESIDING OFFICER. The Senator from Colorado.

Mr. BENNET. Mr. President, I would like to welcome the Presiding Officer to the Senate and just say thank you very much for your willingness to sit here this evening. To my colleagues, thank you for being here. The hour is getting late so I am not going to take up a lot of time with my own words, but I did want to come to the floor and read the words of people who have written my office, Coloradans who took the trouble to tell me what their concerns were with this suggested repeal of the Affordable Care Act.

Given the fact that they took the time to write, I wanted to have the opportunity to be here tonight to read their words into the RECORD. It matters to a lot of people in my State because more than 600,000 people are now insured in Colorado who were not insured before the Affordable Care Act. We have had one of the largest drops of the uninsured rate in the country. We have dropped from 14 percent to 7 percent, really importantly from the point of view of saving money. The amount of uncompensated care has gone down by 30 percent. So those are at the hospital. Those are statistics, but the letters tell the human dimension, the human story that so often is lost in the Chambers of this Capitol.

A letter from Kathryn from Denver who wrote:

The Affordable Care Act has been crucial to my family the last several years. . . . My sister, a Type 1 diabetic since age 10, is now a Colorado business owner.

The Affordable Care Act allowed her to pursue business ownership because—for the first time in her life—she could get individual health insurance coverage without being denied due to her preexisting condition. ACA allowed her to leave her full-time job and start a part-time business and get benefits through ACA.

I truly believe so much good has begun to come from this legislation and repealing it will have catastrophic consequences for my family and for so many others.

Terry from Denver writes:

I am writing concerning the Affordable Care Act (ACA). In 2010, I left my conventional job and took a risk, forming a company to perform engineering consulting services. Since that time, I have helped multiple organizations improve the safety and reli-

ability of their products and consider my efforts to be quite successful.

However, I would not have taken the chance to go off on my own if it had not been for the Affordable Care Act (ACA).

The ACA gave me options in health insurance that I would not have had prior to its passage. There are millions of people like me who count on the security of the ACA. These people are entrepreneurs, freelancers, the self-employed, early retirees, and the like who would not have health insurance if not for the ACA.

Therefore, I am asking you to continue your support for the ACA.

Catherine, a nurse from Aurora:

I want to tell you a personal story, in the hopes that you will think about the people in your state who might be affected if the Affordable Care Act is repealed.

That is whom we are here to talk about tonight. That is whom we are here to think about tonight. Catherine wrote:

I have a daughter with Schizophrenia. . . .

When we had to bring her home from college, we were terrified about what might happen to her and where she would find treatment.

Because of the Affordable Care Act, she was able to stay on our insurance for the next 3 years, even though she was no longer a student.

That is one of the most popular provisions of the Affordable Care Act.

Although it was a long process and not easy, we were able to help find quality mental health care providers and her care was covered because of provisions in the law that provided for mental health coverage.

Provisions that I know the Senator from Michigan worked on.

She is now doing very well. She is married and able to work part time and function as an active member of society.

As a nurse, I have cared for many people over the years who had chronic conditions through no fault of their own. Before this law was passed, many would not get insurance, or if they did, the cost was beyond their reach.

Nicholas from Denver:

My wife was diagnosed with stage IV colon cancer at the age of 38, almost 4 years ago. We have been living with it as a chronic disease and she is in stable condition.

Health care costs have been about \$15,000 a year for us out of pocket, but we've been able to manage because of the protections afforded by the ACA, specifically no caps on annual or lifetime benefits and no denials for preexisting conditions. . . .

Please assure me you will do all you can to keep those protections we so desperately rely on from disappearing.

Sarah writes:

On June 20, 2016, my second child, my daughter Emma, was born. . . . She was born six weeks early and weighed 3 lbs. 10 oz. At birth, we knew prior to her birth that she had a heart defect (a hole in her heart) that would need to be repaired through open-heart surgery during the first year of her life.

We also knew that she wasn't growing properly and she might have other issues. . . . During the past five months, Emma has undergone more surgeries and procedures than most people will undergo in their entire lives. . . . I haven't recently tallied the cost of Emma's medical care, but I believe she will easily reach \$1 million (or much) in medical expenses before she turns 1.

I have become extremely anxious about how my family will meet Emma's ongoing needs if the ACA is repealed and insurance companies are allowed to reinstate lifetime maximums and to discriminate against pre-existing conditions. . . .

I beseech you to do everything you can to preserve the provisions that will help my family—and to do everything possible to ensure that the millions who have finally been able to acquire health insurance since the ACA was passed don't lose their insurance.

People have received probably hundreds of thousands of these letters in the Senate. It seems to me—I mean, yes, we should be having a conversation about how to make the law better. I have said from the very beginning that I don't think it is perfect. I think there were big problems with our health care system before we passed the Affordable Care Act. I think there are big health care problems with our health care system today. That is a fact that anybody in America ought to be able to notice. And the Senate ought to be able to notice that and say: Why don't we make it better? Why don't we improve it? We should improve it.

I would love to meet with colleagues here to talk about how we deal with the fact that in rural Colorado, there is not enough competition in health insurance for people. I would love to be able to have a conversation here about how to drive the cost of insurance down in rural Colorado, rather than continue to see those costs increase.

I would say this. If there is somebody here with a solution to that problem, on either side of the aisle, I would be happy to write that amendment with them. But the problem I have with where we are in this debate—and I will close with this—is that we are talking about throwing out all the protections that all of these people have come to rely upon, that all of these people have come to count on in America with our health care system. We are going to throw them out, but we are not going to tell you what we are going to put in its place. In fact, for all you know, we are not going to put anything in its place because what we have heard is that there is no consensus on the other side about how we should move forward.

Part of the problem I have had with this legislation since the beginning is that we have been unable to forge a bipartisan consensus on how to deal with the fact that this country is spending 16 percent of its GDP on health care when every other industrialized country in the world is spending about half that or, in some cases, less than half that and delivering better results. I would love to see a bipartisan consensus. But what we have come to understand in the days leading up to this debate is that there is not a consensus on the Republican side about how we should go forward.

After 7 or 8 years, you would think we would have the opportunity to see a plan. It is not hard to think about what the values would be underlying a plan—the values that would say: Let's

try to maximize coverage where we can. Let's try to increase quality where we can. Let's try to drive prices down where we can. Let's try to spend less, as a country, on health care where we can.

Those are not Democratic or Republican ideals. It would seem to me that those values would have the virtue of being able to inform Democratic pieces of legislation and Republican pieces of legislation. But in 8 years, we haven't seen a plan.

Here we are tonight, talking about repealing the protections that Coloradans are counting on every single day for their peace of mind and so they can plan for the sake of putting nothing in its place. It reminds me—and, colleagues, I will close with this—of the complaints that I have had in my office and as I travel the State of Colorado, where people say: Michael, we paid into our health insurance company. Month after month after month, we paid our premiums. Then, when my kid got sick and I called them up, their response was to keep me on the phone as long as possible without an answer in the hope that I would give up and go home and that the claim wouldn't have to be paid.

To be honest, colleagues, I have heard that before we passed the Affordable Care Act, and I have heard that since we have passed the Affordable Care Act. We have more to do. That is the honest thing to say here.

But for us to talk about repealing this, taking away the benefits that people have, the protections that people have, the security and peace of mind that people have, and replacing it with the equivalent of leaving the American people on hold so they will give up, so they will move on to the next thing is beneath the dignity of this place and is not worthy of the Members of the Senate.

I want to close by saying what I have always said. I will work with anybody—Democrat or Republican—to make sure that we really do have affordable health care in this country for the American people, for the people whom I represent in Colorado, and I look forward to our getting to a place where that is the politics we are pursuing in this Chamber, instead of the politics we have seen over the past number of years.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Wisconsin.

Ms. BALDWIN. Mr. President, I rise this evening to join my colleagues—Democrats, Independents—to fight together to protect the health and economic security of the American people.

In 2012, when I was elected to the Senate, I can assure you that the people of Wisconsin did not send me here to take their health care away.

We are barely into the second week of the new Congress, and the Republican establishment is already wielding its power to accomplish just one thing, making America sick again.

The budget resolution that we are considering this week will repeal the Affordable Care Act, put insurance companies back in charge of people's health care, strip health care away from millions of Americans, and raise premiums. It will take us from affordable coverage to chaos.

This is the first step toward higher costs, fewer people with health insurance, and more uncertainty for American families. In short, the Republicans believe they have a mandate to make America sick. By repealing the law and taking away the health care that families already have, Republicans are forcing 30 million Americans to lose their insurance.

Republicans are putting the health care coverage of over 200,000 Wisconsin-ites at risk, and they are raising taxes on more than 190,000 Wisconsin-ites who rely on and receive premium tax credits to help them afford high quality health insurance.

Instead, they are giving tax breaks to big corporations and handing over control to the insurance companies, which will be free, once again, to deny coverage if you have a preexisting condition, to jack up premiums simply because you are a woman, and to drop your coverage if you get sick or have a baby.

I could continue to list some very disturbing facts and statistics of what this Republican repeal of health care reform will do to our working class and what it will mean to rip away protections from families struggling with cancer or other serious illnesses, but these facts seem to fall flat on the other side of the aisle. So, instead, I am demanding that my Republican colleagues listen—not to me but to the calls from the real people who we are here to represent and fight for, our constituents back home.

I demand that they listen to Randy. Randy is from Rhinelander, WI. Randy told me that the Affordable Care Act has been a "savior" for his wife, who was diagnosed with kidney failure more than 2 years ago as a result of an autoimmune disease. She has to have dialysis three times a week.

The law eliminated her lifetime maximum limit, and that helps them afford her lifesaving care, and it prevents her from being denied coverage because of her preexisting condition.

Randy said that repealing the law will force them to face the harsh reality of not only losing insurance but also declaring bankruptcy.

I also heard from Sheila, from Neenah, WI. Sheila is a small business owner who relies on the premium tax credits that helped her purchase her health plan through the marketplace. She writes:

I just wanted to let you know how devastating it will be for my family if the Affordable Care Act is repealed. To take away the subsidies would pretty much turn the plan into the Unaffordable Care Act.

Sheila has owned a small hair salon for 35 years and said that the premium

tax credits under the law have made it possible for her to buy decent health insurance for the first time in her whole career.

I want my Republican colleagues to listen to Joel. Joel is a physician from Milwaukee. He is on the frontlines of delivering high quality health care, and he told me that he had witnessed tremendous good that has occurred as a result of the health care law. He has been able to provide his patients with better care because they have increased coverage. He is especially aware of the positive impact of allowing children to stay on their parents' health plans until age 26.

But Joel remembers the days before the Affordable Care Act. He said that he has seen firsthand the insurance companies callously denying or dropping coverage for families with preexisting conditions or those struggling with a new diagnosis. He doesn't want to go back to the days when insurance companies were in charge and literally dictated his patients' health.

I want my Republican colleagues to listen to Chelsea from Shelby, WI. When Chelsea was pregnant with her daughter Zoe, she learned that Zoe would be born with a congenital heart defect. At just 5 days old, Zoe had to have open heart surgery. She had it at Children's Hospital in Wauwatosa, WI, and was fighting for her life. Thankfully, she is recovering, and she is living a healthy life.

Chelsea wrote to me:

The Affordable Care Act protects my daughter, it allows her to have health care access and not be denied. I'm pleading to you as a mother to fight for that and follow through on that promise. There are so many kids in Wisconsin with heart defects (as well as other kids with pre-existing conditions) that are counting on you to protect that right.

So for Zoe, I want to call on my Republican colleagues to stand with me—with all of us—to protect these health care rights and benefits for all of our families.

These are our families who are benefiting right now from the protections in the law and the quality, affordable health care options it provides. They are calling on Congress, calling on the Republican majority to stop their plot that is going to take this all away.

I could continue to share stories of real Wisconsin-ites whose coverage is at risk today, but I want to take a moment to illustrate what life was like before the Affordable Care Act was the law of the land, before these sweeping reforms and protections had been put in place.

Now, during my time in the House of Representatives, Sue from Beloit, WI, reached out to me. She told me:

My husband was diagnosed with lung cancer. After treatment began, we found out that the insurance company had a small loophole. Under our insurance, they have a \$13,000 limit per year on radiation and chemotherapy.

That amount did not even cover the first treatment of either radiation or chemo.

I was not going to have my husband die for lack of treatment, so we started to use our savings and our available credit to pay for medical expenses.

My husband later died.

She told me:

After having completely depleted our savings and facing insurmountable credit card debt, I had no choice but to file bankruptcy.

Sue's devastating ordeal was a common story all across our country, almost 8 years ago, before health care reform was enacted to prohibit lifetime caps and to restrict annual limits on care.

Before the health law, I heard from too many working Wisconsin families that went bankrupt, sold their homes, and even spent their entire life's savings just to get the health care that they needed. This was when America was sick and when lawmakers prioritized the health of insurance companies over the health of the American people. Republicans will take us back to those days when they vote to make America sick again.

I want to share one last story about life before the Affordable Care Act, and that is my own. As many of you may know, I was raised by my maternal grandparents in Madison, WI. When I was just 9 years old, I was diagnosed with a serious childhood illness similar to spinal meningitis, and I spent 3 months at the age of 9 years old in the hospital. My grandparents had health insurance but learned that their plan didn't cover me. Since their insurance didn't cover me, they made incredible sacrifices to pay for the care that I needed. When I got better, my grandparents did what any responsible parent or grandparent would do: They looked for an insurance policy that would cover me into the future, but look as they might, they discovered that because of my previous illness, they couldn't find a policy. They couldn't find it from any insurer at any price, and at 9 years old I had been branded with those magic words: pre-existing condition.

Well, thanks to the Affordable Care Act, children today have new protections, and no one can be denied insurance coverage because of a preexisting condition. My family experience helped inspire me to enter public service and to fight to ensure that every American has quality, affordable health care as a right, not a privilege. This is what I fought for and will continue to fight with my colleagues to protect, these vital benefits that the health care law guarantees to all Wisconsinites and families across this great country.

But we cannot fight alone. Republicans are hard at work making America sick again, taking us back from affordable care to chaos, handing over the reins to insurance companies and driving up health care costs for all Americans. I call on them to stand accountable to our families. It is the American people that we are charged to represent. I call on them to join us

to fight for Sue who was forced into medical bankruptcy. I call on them to fight to protect Zoe from predatory insurance companies who want to deny her coverage because of her heart condition, to fight for Sheila and other entrepreneurs like her, and to fight for our health care professionals, nurse's aides, occupational therapists, physical therapists like Joel, and to fight for Randy and his wife as they battle her kidney failure.

We have been ready for over 6 years to work together to keep all that works with the Affordable Care Act and to fix what doesn't, but instead of working on bipartisan reforms to improve the Affordable Care Act, this Republican plan to repeal historic health care reforms will create nothing short of chaos. I know I speak for my colleagues, my Democratic colleagues and Independent colleagues, in saying that we are here and we will stay here on the floor because we are ready. We are ready to work across the aisle to protect coverage and to improve the Affordable Care Act, but we will not help you make America sick again and we will not help you take away people's health care.

I yield the floor.

The PRESIDING OFFICER (Mr. KENNEDY). The Senator from Oregon.

Mr. MERKLEY. Mr. President, the Hippocratic Oath that guides health care practitioners begins with these powerful words: "First, do no harm." This is certainly good guidance for our doctors and other health care practitioners, but isn't it good guidance also for those who are in the realm of health care policy, for those who are health care policy practitioners, as well as the doctors themselves? "First, do no harm."

Those powerful first words of the Hippocratic Oath, very relevant to this discussion, are being ignored by my colleagues across the aisle, by the Republicans who have come to power and said: We are going to dismantle health care across this Nation for millions of Americans, and we don't know what we are going to do next. We are going to repeal this plan, and we are going to run away, and in a few years we might figure out how to replace these health care provisions. This is an irresponsible perspective. We hold in our hands the health care challenges of America, and to repeal and run will do a tremendous amount of harm.

The irresponsibility of it is terrifying families across America. They are scared of what the future holds, of the uncertainty that awaits them under this strategy of making America sick again. Folks are afraid that if they have ever been sick or injured they will soon be denied coverage because they have a preexisting condition. They are afraid that they may be one of the more than 20 million Americans who will lose insurance, having gained insurance and access to affordable quality health care through the ACA. They are scared that premium hikes will

make health care unaffordable to lower and middle-income Americans. They are afraid of an unforeseen emergency wiping them out financially, driving them into bankruptcy.

Our seniors are afraid as well. They remember the situation that existed before they reached 65 or if they had health care needs and didn't have insurance, they had to wrestle between paying for their prescriptions or paying their heating bills. They don't want to be in that position again. They know how much progress we have made by filling the doughnut hole that paid for prescriptions throughout the continuum, and they don't want us to go backward.

From so many different directions, Americans are terrified of the Republican repeal-and-run strategy threatening to do harm to their lives. How do I know this? I know this because they are writing to me and to my colleagues, and we are sharing those stories tonight.

The letter I have from a young woman in Portland starts out:

I must implore you to protect the ACA. Its existence saves the lives of millions, including mine. I was born in full renal failure. I currently maintain Stage 3 renal function with the help of prescription medication. If I am unable to afford my medication, I will enter end-stage renal function, i.e., kidney failure. I will die.

She ended her message by saying:

I am so scared. . . . I am only 26, I have so much more to do.

Cameron of Beaver Creek writes:

My wife and daughter both have chronic health conditions, and the ACA has allowed us to have them covered by health insurance despite having preexisting conditions. If the ACA is repealed, we will lose this protection and I don't know how we could afford to pay for their medical costs directly.

Lisa in Wilsonville wrote to me about the impact that repealing the ACA will have on her special needs daughter. Lisa says: "If the ACA is repealed, we lose funding that directly impacts her programs, her respite care, her Medicaid, and I will no longer get support to take care of my daughter."

Just before Christmas I got a message from Nick in Portland. Nick wrote to share his story of a recent medical emergency that threatened his life. He said:

Without notice this past March, my heart suffered a debilitating viral infection which resulted in congestive heart failure. As things stand, I require a new heart, and await that occurrence with patience and resolve. Thanks to the ACA, I was able to purchase health insurance the month prior to that diagnosis. Without it, I don't know how I could have paid for my initial three-week hospitalization. . . . Without it, my ability to obtain a replacement organ would be uncertain. And without it, I envision a bankruptcy filing as the only viable financial option.

Those individuals are writing about their challenges as patients, but doctors are also writing to share their observations as folks who see hundreds of patients in the course of a year.

Meg writes:

I have practiced both before and after the Affordable Care Act, and witness the sense of hope and relief the expansion of Medicaid in Oregon brought to my patients who are facing serious illnesses. We have been able to participate in community and state level innovations to help transform health care delivery, lowering costs, improving outcomes, and making people's lives better.

Isn't that what we should be about? Not a strategy of doing harm to millions of Americans but a strategy to make these people's lives better.

A physician from Roseburg, a hand surgeon, wrote about the challenges that he and his wife face, the serious medical challenges, and says:

Prior to the Affordable Care Act, we were uninsurable due to these preexisting conditions. It seems clear that the ACA will be repealed, and we, among millions of other Americans, will again be uninsurable. This will not simply be a matter of insurance being expensive; it will be a matter of the insurance not being available at any cost.

And he continues:

So I am pleading to you to enact legislation prohibiting insurers from denying the ability to sell policies to individuals with prior medical conditions. The health of millions of Americans rests on your shoulders.

And I might add that the health of millions of Americans rests on the debate and the discussion and the decision of the U.S. Senate.

Angela, another doctor in Portland, wrote about her work with the LGBTQ community, saying:

The loss of the affordable care act will be devastating to my community. We have only just won the right for patients to access medical care, hormones and surgery in the last year. I have seen a great improvement in my patients' well-being and mental health over the last year with these new privileges. With the loss of the affordable care act many of my patients will be devastated. There is a 50 percent suicide rate in the transgender community already. Please help me prevent any further suicides by protecting the affordable care act.

There is message after message after message saying "first, do no harm." That means we as a body need to come together and move away from this reckless repeal-and-run strategy being proposed by the Republicans. People are writing to express their fears and frustrations and they are calling on us to do the right thing—folks like Meg and Nick and Cameron and Lisa and Douglas. Their lives are better because we enacted the Affordable Care Act.

These folks are writing because they are among the millions of people who are affected by the changes in this law—the millions who gained insurance coverage because of the law or they are among those who gained coverage because of the extension of Medicaid or they gained coverage because tax credits made health care affordable to lower and middle-income families or they are among the 27 million Americans who live with preexisting conditions who couldn't get insurance on the private market or they are among those who lost coverage because of annual or lifetime limits before the ACA. These stories are powerful because

these individuals are on the frontline, and health care is essential to their quality of life, not just in America but in any location on this globe.

There is enormous stress connected with a faulty health care system, and what we have achieved with the Affordable Care Act is peace of mind for millions of Americans—peace of mind that there will be the care in place when they need it, that they will be able to afford it and they won't be bankrupt, that their loved ones will be able to have their health care challenges addressed.

Folks used to come to my townhalls and say: Senator, I am just trying to stay alive till I reach 65 because I have a preexisting condition and I can't get medical care. Can you imagine the stress involved with that? Folks would say: I would love to get insurance and address the health care issues I have, but I can't because I can't afford it. And now they can afford it because of the subsidies provided through the ACA.

There was a woman who came up to me at a multiple sclerosis fundraising march and she said: Senator, things are so different this year.

I said: What do you mean? What has changed?

She said: A year ago, in the MS community, if you got a diagnosis and you didn't have insurance, you wouldn't be able to get insurance because you had a preexisting condition.

She said: If you did have insurance, it is a mysterious and expensive disease, and because of annual limits or lifetime limits, you would probably run out of health care. Now we have the peace of mind to know our loved ones will get the care they need.

That is what we are fighting for—to first do no harm and, second, make life better for millions of Americans. Let's come together and defend these massive advances that we have achieved over the last few years and not destroy it with this reckless, irresponsible repeal-and-run strategy.

Thank you, Mr. President.

THE PRESIDING OFFICER. The Senator from Delaware.

Mr. COONS. Mr. President, I rise to join my colleagues in raising the alarm about the possible impact for all of us in America and, in particular, for my constituents in my home State of Delaware should we indeed as a body proceed with barreling forward and repealing the Affordable Care Act without a plan to replace it, as seems to be the intention of the majority.

When I was first elected to the Senate back in 2010, the Affordable Care Act wasn't even a year old. Yet Republicans were already trying to repeal it, without offering any comprehensive plan with which to replace it. Now, more than 6 years and 60 repeal attempts later, it is truly disheartening to see that when it comes to plans for the American health care system, seemingly nothing has changed. Instead of working across the aisle to

find constructive fixes to this Affordable Care Act that could win bipartisan support, instead of finding new ways to invest in infrastructure or strengthen American manufacturing or coming together to respond to the Russian attack on American democracy or even waiting a week to take this upcoming vote so we Senators can give our full focus to vetting the President-elect's Cabinet nominees, instead of pursuing any of these priorities, it seems we are once again spending—even wasting—the American people's time to fulfill a misguided and, in my view, mean-spirited promise to repeal the Affordable Care Act at all costs, without a clear plan to replace it. Sadly, in that sense, nothing has changed since I first came here in 2010, not so for the American people, as plenty has changed for them and for my home State of Delaware.

More than 20 million Americans now have gained access to high-quality health insurance across our whole country, including 38,000 more Delawareans. Now, 38,000 is not a big number of people, but in my little State of 900,000, 38,000 more people who couldn't get access to health insurance before and can now is a big deal. Across the whole country, the rate of uninsured Americans is at a record low of just 11 percent, and in Delaware fewer than 8 percent, and this is well down below pre-ACA levels.

Let me focus on what I think is the biggest, broadest, and most important benefit of the Affordable Care Act, not just those tens of thousands in my State who have gotten coverage on the exchanges, but in my little State of 900,000, 560,000 Delawareans get their health insurance through their employer, as the vast majority of Americans do. For those half a million or more Delawareans, they have gained lifetime improvements to the quality of the health insurance they have through the ACA: no discrimination against preexisting conditions, young people can stay on their parents' health insurance until they turn 26, free preventive care, no lifetime limits on coverage and recovery, and a requirement that insurance companies spend 80 cents of every dollar on health care versus overhead. These five key consumer protections have been the center of the best of what the Affordable Care Act has delivered to Delawareans and Americans. Americans no longer have to make the phone calls they used to make to their Senators, their Congressmen, their local representatives, pleading that they could somehow find access to quality and affordable coverage. These reforms have made a real and tangible impact on Americans across the country.

I have also come to this floor, on a number of occasions over many years, and recognized the challenges of the Affordable Care Act, the ways in my home State that it has fallen short of our hopes and goals when it was initially passed, and I have offered, with an open hand, to work across the aisle

to find vehicles to repair and improve elements of it that haven't worked as had been hoped.

Before I turn to that, though, let us focus for a few minutes on hearing the stories of Delawareans who have reached out to me because at the end of the day, my passionate defense of the Affordable Care Act is rooted in individuals I have met and heard from, people whose lives have been changed by access to quality, affordable, accessible health care.

As Republicans move us forward to a repeal vote, it is my hope that they will listen to these and other stories and think about what possible alternative pathway there might be that would save the opportunity for them to have access to decent, quality health care.

I grew up in this tiny town of about 1,500 called Hockessin, DE, and Nicole is also from Hockessin. She reached out to me to tell me her 2-year-old daughter has cystic fibrosis. She spends at least an hour every day administering her daughter's breathing treatments and at least \$5,000 a month. Her medications aren't cheap. Nicole is confident that without the Affordable Care Act, she would have exceeded her annual cap on medical expenses well before the end of each year.

Nicole makes it pretty clear to me that without the consumer protections put in place by so-called ObamaCare—the ACA—she would have one of three choices, choices tragically faced by many Delawareans and Americans before the Affordable Care Act. One, hope she somehow qualifies for Medicaid, which she probably doesn't because she is hard-working enough and successful enough that her income makes her ineligible for Medicaid. Option No. 2, go into deep debt to pay for her daughter's needed and lifesaving treatment. Option No. 3, stop giving her daughter some of the medication she depends on and just hope and pray that she will not suffer needlessly. That is all assuming that her daughter's cystic fibrosis was not a preexisting condition, preventing her from getting any insurance at all.

Let me review that because Nicole's story starkly outlines the reality that millions of Americans could face if we continue barreling down this misguided path of repealing the Affordable Care Act wholesale without coming together around a plan for replacement. That reality for so many sick Americans or Americans with sick children is this: First, hope you don't get sick. If that fails and you don't qualify for some other form of government assistance, either go into debt or try to get by without health care. That is it. That is what it was before the Affordable Care Act, and following its repeal, that may sadly be what it is again.

Over the last few weeks, I have heard many other stories, and I will cover a few quickly, if I may. Kim, from Wilmington, DE, is a thyroid cancer survivor who was able to get insurance be-

cause her cancer is no longer considered a preexisting condition. Will her ability to access affordable, quality health care be repealed?

There is Sue from Frankford, DE, whose husband got sick a decade ago—desperately sick—and hasn't been able to work since. They are retired but not quite eligible for Medicare. Yet, despite his illness, they have been able to find coverage now on the individual market. Will repeal of the Affordable Care Act deny Sue and her husband access to quality health insurance?

There is Carla from Odessa, DE, whose son was able to stay on her health insurance when his employer didn't cover it. Not only that, but Carla's sister—a self-employed gardener with a 40-year history of insulin-dependent diabetes, also known as a preexisting condition, was able to get health insurance when she tragically divorced at age 63 and lost coverage through her husband's employer.

There is Matthew from Wilmington, whose son was diagnosed with brain cancer. The year before his son's diagnosis, Matthew and his family were on a non-ACA-compliant health insurance plan. As Matthew wrote me, "Our family was all young and healthy, and we thought this plan was right for us. Then, my 11-year-old got sick right out of the blue. It can happen to anyone at any time."

Matthew is right. Illness can strike any one of us at any time—and not just the flu, not just a cold, but tragic, expensive, terminal illnesses can strike any family in America at any time.

Just listen to the story of Kerry from Wilmington, DE, a massage therapist who considers the Affordable Care Act, as she puts it, "nothing short of miraculous." Here is why. Kerry signed up for health insurance in 2014 thanks to the subsidies, the tax credits provided through the Affordable Care Act. She had long had nagging abdominal and lower back pain. She didn't think much of it considering she had no family history of terrible diseases and had never even had a stitch before. Fast forward to January of 2015, when a routine diagnostic procedure covered by her new health insurance revealed that Kerry had stage III colon cancer. She had surgery a week later, followed by 6 months of chemotherapy, and ended up facing no out-of-pocket expenses besides her annual deductible. Kerry's cancer has now been in remission since September of 2015, and as she writes, "The ACA came along at the last possible moment to save my life. I am certain that without it, I would have just continued to live and work with the discomfort and try to self-treat until the cancer was so advanced it could not have been successfully treated."

I have many more, but stories like Kerry's and Matthew's and Carla's and Sue's and Kim's have been pouring into the inboxes of my colleagues in States around the country.

My Democratic colleagues and I know, and have known since the day it

was signed into law, that the ACA is not perfect. I have talked to small businesses that want to offer health insurance for their employees but have struggled to find affordable options in Delaware. I have met plenty of Delawareans whose deductibles or premiums are higher than they would like to see, and I have heard from economists and budget forecasters who know our country's fiscal health depends on doing even more to control health care costs.

That is exactly why 2 years ago I came to this floor with a simple, commonsense request of my Republican colleagues: work with us to make the Affordable Care Act better. A colleague, a physician from the State of Louisiana, happened to be listening that day, and we have had a number of constructive and positive conversations since. Sadly, despite many attempts over many years, I so far have been unable to find a Republican partner willing to actually cosponsor meaningful, constructive fixes to the law.

In my view, and as I said 2 years ago, no conversation about the Affordable Care Act and how to improve it can be complete without reconciling the reality of the millions of Americans it has helped and the many others for whom it has fallen short.

I have sought to address the affordability of health care coverage for all families. I have cosponsored bills to increase tax credits to make it more affordable for small businesses, looked for ways to make sure there is more competition in the marketplace, especially in small States like Delaware, and pursued commonsense regulatory reforms and cost-containment efforts to further slow the growth in health care costs. For years, my colleagues and I have asked our Republican friends to put aside their rhetoric and focus on pursuing bipartisan fixes like these.

Today, the bottom line is still this: I know the Affordable Care Act has helped millions of Americans just like the Delawareans whose stories I have read. Kerry, Carla, Matthew, Sue, and Kim today live healthier, safer, and more secure lives.

Let's take a look at the alternative. There is no single proposed plan. There are dozens of bills in the House and Senate that would do lots of different things, but it would be very hard to predict with precision what the alternative really is. We know what repeal will do. As of today, the alternative—let's call it TrumpCare—is nothing more than a wholesale repeal with no clear plan to replace.

TrumpCare, a simple repeal, by one estimate would kick 26 million Americans—more than 50,000 Delawareans—off their health insurance. Even for those who don't lose their insurance, those hundreds of thousands of Delawareans who get their insurance through their employer, it would be much lower quality because it would

remove all the consumer protections that we have all come to embrace. It would give a nearly \$350 billion tax cut to the wealthiest 1 percent of our country and a nearly \$250 billion tax cut to big corporations. While tax cuts have their day and their reason, pushing aside all of that revenue with no plan for how to replace the Affordable Care Act and how to pay for it will become a desperate and dangerous move. TrumpCare, a simple repeal of the Affordable Care Act, would cut 3 million jobs and trigger negative economic impacts well beyond the health care sector by creating profound uncertainty. Lastly, it would burden State and local governments, which would lose nearly \$50 billion in tax revenue.

That is the reality. Describing a repeal of the Affordable Care Act as anything other than the injection of wild uncertainty into our daily lives, into the health insurance and health care markets is just not square. That is the reality. Describing it any other way is political rhetoric, and that is, sadly, what this debate is about. It is repeal without replace.

Matthew from Wilmington, whose 11-year-old son was diagnosed unexpectedly with brain cancer, concluded his note to me with one last thought. He wrote of his son: "He's my hero and I will fight for him and all others who continue to suffer similarly every day."

Thank you, Matthew. Thank you for sharing your story and continuing the fight. I promise you and all the Delawareans who have reached out to me to do my level best to stand with you and fight for you every step of the way every day until we find a better path together.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maine.

Mr. KING. Mr. President, my colleagues have spoken tonight eloquently about a number of consequences that would follow from the repeal of the Affordable Care Act: increasing drug costs for seniors, a devastating impact on rural hospitals, elimination of consumer protection in everybody's health insurance—not just those on the Affordable Care Act—and limitations on mental health coverage and substance abuse. All of those issues have been presented eloquently and passionately.

I want to do something a little different. This isn't easy for me, but I want to tell my own story and why I feel so strongly about the issue of health insurance for all of our people.

Forty-three years ago—I think it was just about this week—I was a young staff member here in the Senate. I was a junior staff member who was covered by health insurance provided by my employer, the U.S. Senate. I paid a share, and the Senate paid a share. The health insurance that I had, as part of it, had free preventive care—exactly like that required by the Affordable Care Act.

The other thing the plan I chose had was a Wednesday night doctor's ses-

sion. So because I had a free checkup and because it was on Wednesday night and I didn't have to miss any work, in late January or early February of 1974, I went in for a checkup—the first one I had had in 8 or 9 years. Everything looked fine. As I was putting my shirt back on, the doctor said: Well, you have a mole on your back, ANGUS, and I think you ought to keep an eye on it.

That night, I went home and mentioned it to my wife. The next morning, she said: I don't like the looks of that thing. Let's have it taken off.

I went back in the following Wednesday night because they had Wednesday night hours and I didn't have to take off from work. I had coverage so I didn't have to worry about what it was going to cost me, and the mole was removed. When they called me to come back in—I will never forget this moment as long as I live—the doctor said: ANGUS, I think you had better sit down. He told me that I had what was called malignant melanoma.

At the time, I didn't know what it meant. I thought it was simply a skin cancer. You hear about those all the time. You have them taken off, and it is no big deal. No, malignant melanoma is one of the most virulent forms of cancer. One of its characteristics is that it starts with a mole, but if you don't treat it, it then gets into your system and goes somewhere else. If you don't catch it in time, you will die.

I caught it in time. I had surgery. They took out a big hunk of my back in surgery and up under my arm. To this day, my shoulder is still numb from that surgery, but here I am.

It has haunted me since that day that I was treated and my life saved because I had health insurance. I know to a certainty that had I not had that coverage, had I not had that free checkup, I would not be here today. It has always stayed with me that somewhere in America that week, that month, that year, there was a young man or a young woman who had a mole on their arm or their back or their neck, couldn't do anything about it, didn't really think about it, didn't do anything about it until it was too late, and they are gone. And I am here. I don't know why I was saved. Maybe I was saved in order to be here tonight. But for the life of me, I cannot figure out why anyone would want to take health insurance away from millions of people. It is a death sentence for some significant percentage of those people.

In 2009, the American Journal of Public Health did a study—a comprehensive study. What they concluded was that for every million people who are uninsured, you can predict about 1,000 premature unnecessary deaths. So the math is pretty simple. Right now, we are talking about over 20 million people who have been afforded health insurance, either through the exchanges or through the expansion of Medicaid, who didn't have it before. If we take that away, that is 22,000 deaths a year. How can we do that with good con-

science? How can we sentence people to death? We are talking about bankruptcies. We are talking about all the kinds of stories we have heard. They are all valid. They are all important. But for me, this is personal. This is about life itself. It is about our ethics, our morality, and our obligation to our fellow citizens.

Like all the other speakers, I know there are lots of problems with the Affordable Care Act. I wasn't here when it passed. It isn't exactly the way I would have worked on it or written it. I am ready to sit down with anybody who wants to talk about finding a solution, but let's not talk about the solution being ripping coverage away from people who desperately need it. It is just wrong.

I understand the political impulse. Folks on the other side of the aisle have been talking about this for 6 years, and, by golly, they are going to repeal it and get rid of it, and people cheer and all of that kind of thing. But now it is real. This isn't rhetoric anymore. This isn't a bumper sticker anymore. This isn't a rally anymore. This is real people's lives.

So let's just slow down. If people want to come up with a different solution, if they want to modify the current system, if they want to try to make changes that make it easier for small businesses and change the hours of work and the definition of full time—all of those things can be discussed. I don't care who leads it. I don't care whether we call it TrumpCare, McConnellCare, or RyanCare. We can call it whatever we want, but the fundamental principle here is that health insurance is a life or death matter, and we should honor the commitment that has been made to those millions of people—including over 80,000 people in Maine—who have taken advantage of this program, many of whom have never had health care before, many of whom have had tragic stories that we have heard all night about children born with birth defects or children that had some disease at a young age or an adult who, as we just heard a few minutes ago, finds they had cancer and if they hadn't had the coverage and gone in, they wouldn't be here.

This isn't politics. This is people's lives. I can't believe that the good people that I know in this body on both sides of the aisle can't figure out a way to say: Let's slow down. Let's slow down and talk about how to fix it, how to change it, how to replace it. But put that before repeal because once repeal occurs, there are all kinds of bad results, even if they are grandfathered.

People say we are going to repeal and delay. That is repeal and chaos. The insurance industry is going to start to pull back. The health care industry is going to say: Well, we don't know what the situation is going to be. We are going to have to slow down. We are going to stop hiring. We are going to lay people off.

All those changes are going to start happening right away. They can't be prevented. To tell people don't worry, we are going to cover you—that is cruel. I don't think my colleagues intend to be cruel. There is not a mean-spirited person in this body. We just have a different view of how to achieve these results. But the fundamental results should be people have health insurance so they don't have to risk their lives every day and live under that threat. That is what this discussion is all about. That is why I am here.

I view this as much more than a political issue. I understand the differences, I understand the history, and I understand the politics of it, but I just think that now that it is real, let's slow down and find another way to solve this problem that protects the gains that have been made and sands off the rough edges of the law but allows us to protect the fundamental idea of helping people to find health insurance they can afford and keep them from being denied health insurance for reasons through no fault of their own.

I think this is a moral and ethical issue, and I go back and I feel so strongly about this because of my own experience. I feel I owe it to that young man in 1974 who didn't have insurance, who didn't have the checkup, who had melanoma, and who died. I have an obligation to that young man to see that doesn't continue to happen in the wealthiest, most developed society on Earth.

This is something we have within our power to do. I deeply hope that we can take a deep breath, back away from this idea that we have to repeal, and talk about fundamental principles of helping people to cope with this most serious and personal of issues.

I have confidence in this body. I have confidence in the good will of this body and of the American people. If we can get away from talking about it in the abstract as a political issue, we can talk about real people. That is what I hope we can do over the next weeks and months, and I am convinced we can come to a solution—not that will make everybody happy but that will save lives and make our country a better place.

I yield the floor.

The PRESIDING OFFICER. The Democratic leader.

Mr. SCHUMER. Mr. President, first, let me thank my good friend from Maine for his usual eloquent remarks.

I thank my colleague from Connecticut, who is one of our great speakers and mainstays, who has let me sneak in ahead of him. So I will be brief.

My Democratic colleagues are holding the floor tonight to demonstrate our solidarity and our commitment to defending the Affordable Care Act. It is not just defending some abstract law. It is not about protecting President Obama's legacy or Democrats' legacy. It is about people. It is about the American people and their access to af-

fordable health care. It is about defending a health care system that has been made fairer, more generous, more accessible, and more affordable for the American family. It is about men and women and children whose stories we have heard tonight from Member after Member, one part of the country to the other, and their lives have been changed. In many cases, their lives have been saved by health care reform.

That is why Democrats have held the floor tonight. Though the hours have waned on, we will fight this repeal with every fiber of our being. We will not go gently into that good night.

The history of health care reform has been cast and recast by both parties, but there is a truth to be told amidst a lot of fiction. Here is a truth. Before the Affordable Care Act, our health care system was a mess. Health care costs were growing at a rate much faster than they are today, eating into workers' paychecks, dissuading them from taking risks and changing jobs lest they lose good coverage. A debilitating illness could wipe away a lifetime of hard-earned savings because insurers could put limits on how much treatment they would cover. Women were charged more for the same health care coverage. Many couldn't get insurance if they had a preexisting condition. Some insurance companies would simply delete you from the rolls if you got sick; in short, premiums spiraling up, spotty coverage, discriminatory practices, a marketplace out of balance. I remember the days before health care reform, before ACA. Everyone was complaining about the system. This idea that everything was hunky-dory and then ACA came in is fiction.

I was involved. We knew health care reform would be difficult. It is a \$3 trillion industry with complicated rules and procedures. The politics were arduous. For that reason, health care reform had bedeviled Congresses and Presidents for decades. We knew in 2009 that we had a rare opportunity and that it was too important to let politics or lobbyists or special interests or fear stand in the way.

In the past, Democrats were able to make progress on smaller slices of the overall pie. The CHIP program, my dear friend who is no longer here, Senator Jay Rockefeller, championed it. Getting generic prescription drugs on the market, I was involved in that, along with the Senator from Utah. Never, never was a Congress able to pass a comprehensive package of reforms to the health care system until the ACA—the greatest leap forward in American health care, certainly since the passage of Medicare and Medicaid.

You can measure the results. The law has helped bend the health care costs curve down, insured more Americans than any time in our Nation's history since we started measuring the uninsured rate, all while providing higher quality health care.

Is the act perfect? No, no one ever said it was. I have listened to my friend

the majority leader and our Republican colleagues on the floor these past few weeks. They used quotes from President Obama saying the law could use improvements as proof that it is failing.

That doesn't hold up. Go look at the full quotes. No one ever said the law would be perfect. We all know it could use some fixes. I, for one, am for a public option—we nearly had it in 2009—to increase competition in marketplaces where there is still too little. But scrap the whole thing and go back, back to a chaotic marketplace, inconsistent coverage, skyrocketing premiums? No way. Back to 40 million uninsured Americans, back to discriminating against women and Americans with preexisting conditions? No way.

Democrats don't want to make America sick again. We don't want to repeal the largest expansion of Affordable Health Care since Medicare and Medicaid and leave chaos in its wake—chaos instead of affordable care. That is what the Republican plan would do, sure as I am here tonight.

This evening, as colleague after colleague has come to the floor to describe how the ACA is helping their constituents, helping nurses, helping rural hospitals, helping students, helping seniors, I hope my Republican friends may have listened to them. The American people certainly are. They have been watching this debate. We have been talking to them on the phones, and they will carefully consider the consequences of repealing this law, and I hope our Republican colleagues will—particularly without a viable comprehensive replacement.

With the close of this long night, I make a simple plea to my Republican colleagues: Turn back. It is not too late. You are already hearing the grumblings from Members on the left side of your caucus and the right side of your caucus.

Well, they are starting to say, now that you have some power here, you are in the majority, maybe we shouldn't repeal without replace, even though for 6 years you have been unable to come up with a replacement.

The Republican Senators from Maine, Arkansas, Tennessee, and Kentucky, former Senator Rick Santorum, even the President-elect says that maybe we should replace and figure out how to replace before we repeal, but with this vote, it would just repeal it.

My simple advice to my Republican colleagues is turn back. The health care of Americans hang in the balance. Affordable care for every American hangs in the balance. If Republicans repeal the ACA without a detailed comprehensive plan to replace it, not a mere framework, not a set of principles, not a bunch of small-ball policies cobbled together, they will create utter chaos, not affordable care.

It is not too late. Work with us Democrats. If you tell us tomorrow you are giving up on repeal, we will work with you to improve it. We know there

needs to be some improvements, but don't scrap the law, leaving all those in the lurch and then come to us and say: Now let's fix it.

You better have a replacement. Something you haven't been able to do for 6 years. It is not too late. Work with us Democrats on improving the law. Work with us on making it better. Don't scrap it and make America sick again. Turn back before it is too late. It will damage your party. It will hurt millions of Americans, far more importantly, and hurt our great country.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. MURPHY. Mr. President, once again, congratulations on your election. I haven't gotten a chance to talk with the Presiding Officer in detail about his path to the U.S. Senate, but I have had a chance to talk to a lot of my colleagues about how they got here, and I think we can all agree it is not often a real pleasant experience. You get your name dragged through the mud. You get called all sorts of names. You have to call lots of friends and strangers and ask them for money. It is no walk in the park to run for political office or to put your name out there and be the subject of both praise and a lot of ridicule.

It is not surprising the reason that people do this. The reason that the 100 of us have decided to run for office and to put ourselves out there in the public spotlight is because we deeply care about our neighbors, about the people who live in our States. We are doing this job, to a man and woman, because we want to make life better for people; in particular, people who have been just thrown big curveballs by life.

I grew up in a pretty economically secure house, but I understand a lot of kids don't have that opportunity, and I feel like both Republicans and Democrats are here because we want to lift those kids up. I have had a pretty healthy life, a few bumps and bruises along the way, but I feel like both Republicans and Democrats are here because we get that other people aren't as fortunate. They got sick. They got diagnosed with something terrible. Our role should be to try to help get them some cures or some treatments.

We are here not because we think it is fun to run elections, we are not here because we like the look of our name on the door, we are here because we care desperately about people. I think this is what Senator KING was getting at in his remarks. All of the tabloids and the TV news shows, they spend 80 percent of their time focusing on politics, and we end up chasing our tail off in here because if the daily political rags and the cable news shows are talking about politics, then maybe we should be talking and thinking about politics as well, but that is not why we decided to do this. We decided to run for the Senate because we care about people.

Why we are here tonight is pretty simple. Ultimately, the repeal of the

Affordable Care Act, with no replacement, with no plan for what comes next, will hurt millions of real people in very real ways. In the end, I don't believe that my Republican colleagues want to cast a vote that will do that.

This tall guy right here is Josh Scussell. He lives in Connecticut. He is from Guilford. He is standing next to his bone marrow donor and her boyfriend. This is Josh's wife. Josh was diagnosed with stage IV non-Hodgkin's lymphoma in 2012.

Here is what Josh says. He will tell you the unvarnished truth. Josh says: "The ACA is entirely responsible for me still being alive."

He relapsed after an additional diagnosis before he turned 26, and the only way he was able to get insurance was because of the Affordable Care Act, which allowed him to stay on his mother's insurance up until he turned 26. During the course of his treatments, he underwent stem cell transplants, which could be up to \$200,000 each. Because of those transplants, he needed ongoing weekly treatments at a cost of \$10,000 per treatment.

He recalled how he was getting his first stem cell transplant and he was in the hospital during the Supreme Court deliberations on the Affordable Care Act. He said, "I was in a hospital bed watching the TV, when the Supreme Court approved the ACA, and just the feeling I had in my body was a feeling that I had never experienced before because I knew that I was going to be taken care of."

Josh is in remission. In a few more years of being cancer-free, the doctors tell him he might be out of the woods. He says, "I'm more fearful for other people in my position. . . . Because there's no way I would have been able to afford any of those treatments" if it wasn't for the Affordable Care Act.

This little guy, his name is Rylan. This is his mother Isabelle. Rylan was born with a congenital heart defect. One day he had to be rushed to Connecticut Children's Medical Center for emergency open-heart surgery to keep him alive. Isabelle says that she never really thought about health insurance. She knew she had it, but she didn't really think about it until Rylan went for that emergency surgery. She thought: Oh, no, is our insurance going to cover it? Will they cover all the treatments he needs going forward now that he will have had a preexisting condition? She found out that the Affordable Care Act protected her because it eliminated a common practice of insurance companies to cap the amount of coverage you get in any one given year or over the course of your lifetime.

Isabelle tells it plainly. She says:

Without the Affordable Care Act, we would have never been able to afford the care for Rylan. We would have had to make awful decisions—decisions about whether we kept our house, kept our car, whether we could still afford to work.

It was the Affordable Care Act that protected her and her family.

Finally, this is John. John is a hero in my book. John was born with cystic fibrosis. John tells the story about how health care is the most important thing to him in the world. It is more important than salary. It is more important than his job. It is more important than friends. He struggles every day to live. The only way he lives is that he is able to take medications that allow him to continue to breathe and that allow his lungs to continue to function amidst this crippling disease and diagnosis.

John is on the Affordable Care Act, and John will tell you, just as plainly as Josh and Isabelle, that without the Affordable Care Act, he would die—not 2 years from now, not 3 years from now. John would die within a matter of weeks because without his medications, he cannot live.

It is not hyperbole to suggest that the absence of the Affordable Care Act is a matter of life and death. John will tell you that without the Affordable Care Act, he doesn't have insurance. Without insurance, he cannot afford the medications to keep him alive. Without the medications to keep him alive, John disappears from this Earth.

These are real people. I care about them because I know them, and I have had the chance to meet John and Isabelle and Josh. But you have these people in your State as well. My Republican colleagues have just as many of them. Some of the biggest numbers of enrollment in the Affordable Care Act aren't in States represented by Democrats; they are in States represented by Republicans. And this mythology that the Affordable Care Act hasn't worked or that it is in some death spiral is just political rhetoric. It is not true.

This is an AP fact check story from today, I believe. Here is the beginning of it. It says:

President-elect Donald Trump says that President Barack Obama's health care law "will fall of its own weight."

House speaker Paul Ryan says the law is "in what the actuaries call a death spiral."

And Senate Majority Leader Mitch McConnell says that "by nearly any measure, ObamaCare has failed."

The AP says:

The problem with all these claims: They are exaggerated, if not downright false.

The Affordable Care Act has not failed for the 20 million Americans who have insurance now because of it. The Affordable Care Act has not failed for the millions more who are paying less because insurance companies can no longer discriminate against them if they have a preexisting condition. The Affordable Care Act has not failed for seniors all across this country who are on Medicare and are paying less for prescription drugs.

There is no doubt that the Affordable Care Act isn't perfect. Medicare wasn't perfect when it was passed. We amended it 18 different times. The Affordable Care Act needs to be amended and perfected, as well, but if you really care about people instead of political headlines, then the prescription here is simple: Stop. Take a step back. Don't

lurch the entire health care economy into chaos when you don't have to.

I am pretty sure that Donald Trump is going to be President for the next 2 years. I am pretty sure that Republicans are going to control the Senate and the House of Representatives for the next 24 months. You have time. You don't need to prove some point to the political talk show hosts and the conservative radio commentators. You can step back and rescue these real people from the fate that you are about to subject them to by—instead of engaging in a partisan repeal with no replacement for what comes next—reaching out across the aisle and working with Democrats to try to fix this law.

I have been here the last 6 years. I was part of the passage of this law when I was in the House of Representatives. I have listened to my colleagues say, literally tens of thousands of times in Washington and across the country, that their priority was to repeal and replace this law. I watched on TV our President-elect say in response to a question about the process for health care repeal going forward:

No, we are going to do it simultaneously [repeal and replace the law]. It'll be just fine. We are not going to have, like, a two-day period and we are not going to have a two-year period where there is nothing. It will be repealed and replaced.

There will not be a 2-day period in between repeal and replace. And that is what I heard from my Republican colleagues: Put your vote where your mouth has been because the alternative is a death spiral.

The Associated Press calls the mistruths out and says: No, the Affordable Care Act is not in a death spiral. But those same health care economists who are quoted in that story will tell you that if you repeal this bill without any replacement for what happens next, that is what creates the death spiral. Why? Because when you put a clock ticking on the life of the Affordable Care Act, then a couple of things happen. First, people who need some procedure done rush into those exchanges and they drive up the actuarial cost, and insurers just look at themselves and say: Why would you hang around for that? And they bolt. So the Affordable Care Act falls apart if you telegraph to people that you have only 1 year or 2 years left.

You don't have to do this. You don't have to visit that kind of harm on real people. I know that is not why Republicans ran for office. I know we have philosophical differences on how to get health care to people, about how to insure more people, but let us sit down and figure out a middle ground so we can save the lives of all these people who are relying on us.

What we are doing right now is extraordinary. This is absolutely extraordinary. We were sworn in less than a week ago. The new President has not even been inaugurated. There isn't even a conceptual plan for what will replace the Affordable Care Act, and we

are rushing forward with repeal. There is an enthusiasm to this cruelty that is hard to understand.

I hope that some of the Republicans who just in the last 24 hours have called for a delay in this debate are heard by Republican leadership. I know that Democrats will continue to be on this floor to make this case. I guess I am still optimistic enough about what is still a pretty broken town that, in the end, my Republican friends aren't so cold-hearted, aren't so barbaric as to take away insurance from people like those we have been talking about here today when there is an alternative, when there is another way, when there is no political imperative to do this kind of damage to people right now.

I yield the floor.

The PRESIDING OFFICER. The Senator from Hawaii.

Mr. SCHATZ. Mr. President, I want to thank the junior Senator from Connecticut for his leadership on ACA. Since we arrived in the Senate together, he has been stalwart, not just on the many benefits of ACA but specifically on mental health and the benefits and the destigmatization of mental health care in the context of ACA.

It wasn't so long ago that people wouldn't step up and say: I need help. I need mental health care. But now I think it is broadly accepted on both sides of the aisle, partly because of CHRIS MURPHY's leadership, that mental health is health and that just as if you tweak your shoulder or need something with your lungs or have a crick in your neck, if you have some mental health issues, you need to get them taken care of.

The plan to repeal the Affordable Care Act with no replacement reminds me of a car I used to have. It was an OK car. I remember I bought it in 2006. It was a 2005, but it was new—one of those in the back of the lot. I got it for \$2,500 less than MSRP. It was a station wagon. It was ugly. It was purple, and I just sort of rode it into the ground. I kept driving it. I didn't take great care of it. I have gotten better about taking care of my cars. At the time I just rode it and rode it. The AC busted, and I didn't fix it. There was a fender bender, and I didn't fix that. The car was OK. It needed some TLC, but it got me around. What if I had taken this car to Jiffy Lube in Honolulu just to get a little tuneup and left it, and then I came back an hour later and it had been dismantled? That is what the Republicans are doing with the Affordable Care Act. Instead of fixing what is wrong and keeping what is working, they are going to destroy the American health care system.

I try very hard not to be too apocryphal with my language. I try very hard not to be too nasty and too partisan on this floor, but this is factual. They are going to destroy the American health care system. That is what repeal and replace is all about. They are going to remove a law from the books and come up with something ter-

rific in a few months or a few years, but they are also going to keep the stuff you like.

Here is the first thing that everybody across the country needs to know about this process. It is not on the level. There is no way around it. This is just not on the level. Anybody who has spent any time thinking about health care policy knows that covering people with preexisting conditions like cancer, mental illness, and diabetes is a popular thing to do. It is the right thing to do. People also know that the only way to do that is to create a risk pool that includes healthy people. If you are going to insure folks, you can't just be paying out for the expensive cases; you also have to be bringing in revenue and not paying out, so you need young people in the risk pool. You need professionals in the risk pool. You need nonsick people in the risk pool. That is how this all works. Everybody understands that.

Everybody who is working on this in good faith understands that you need to create a risk pool in order to cover more people. So they know that if they eliminate the individual mandate, they eliminate the benefit, but they are stuck with a promise they made to repeal this law totally, root and branch—not to improve upon the law.

Just remember that it was an article of faith that we couldn't make even the most modest improvements to this law at any point in the last 6 or 7 years; that if you did so, you ran afoul of Republican orthodoxy. It is not that they wanted to fix the law. It is that they had told everybody it was so bad—partly because it was ObamaCare—that there was nothing good in it; there was nothing worth preserving about the Affordable Care Act.

Now they are into repeal and replace. They are stuck with the promise they made to repeal this law totally, and they know people are about to be very, very angry because President Obama is the President only for another 10 days, and people are not going to accept the premise that we are going to rip health care out from under you, but don't you hate health care because it is called ObamaCare? That is an argument that may have worked 3, 4, or 5 years ago, but with a new President-elect and a new Congress, we have an obligation to have a better strategy than that.

Republicans do not have a replacement plan. If they had one, they would be adopting it shortly. It has been 7 years. It has been 7 years, and we haven't seen any legislative language—none. They have no plan at all for American health care other than to cause immediate harm and to try to blame it on the law that they are repealing.

There are only a few ways this could end up. I will give you a couple of them. First there could be the equivalent of a health care cliff, which is similar to what we have done with our fiscal situation where they have to periodically shovel money at the problem

and bail out the insurance companies. What will happen is they are basically eviscerating the revenue that provides the subsidies for individuals, but they are going to realize: Hey, these subsidies are quite popular, but we just eliminated the revenue. We don't want to increase taxes so let's borrow money and keep shoveling money at the insurance companies or they may make minor reforms in the ACA and call it a replacement. That would be great. I do not see that they are on this path right now or they are really going to repeal the law and take health care coverage away from millions of Americans. This is completely irresponsible.

So what happens when they repeal ACA? Twenty-two million people will have their health care coverage ripped away from them, more than 22 million men, women, and children. For those of you who still have coverage, I want you to know that this impacts you too. If you have a preexisting condition as common as diabetes or high blood pressure or mental health issues or cancer or Crohn's disease or Lupus or in a lot of instances pregnancy is a preexisting condition, you are not going to be able to keep your coverage.

If you are a woman, you are likely going to lose access to preventive health care services like birth control. If you live in a rural area—everybody in rural America should understand this.

There is this thought that there are rural States and nonrural States. Every State is both a rural State and a nonrural State. I know the Presiding Officer has an urban area and plenty of rural areas. I have one of the densest cities in the United States, and then I have far-flung, very small towns that are old plantations. Everybody in the Senate represents rural America in some form or fashion.

If you live in a rural area, chances are that your local hospital will lose millions of dollars in funding, which will force many rural hospitals to turn away patients and close their doors. This is not an exaggeration. I encourage every Republican Member of the Senate, Member of the House, citizen out there to ask their health care leaders in rural hospitals what is about to happen. They are in a panic.

Let's be totally clear about what this means. You lose rural hospital money and you lose rural hospitals. For a lot of small towns, from Hawaii to the Dakotas, to the Carolinas, and everywhere in between, the rural hospital is the economic center of the community. It is often by far the largest employer. I want you to understand, if a rural community loses its rural hospital, a lot of the working-age folks leave. They move to a more urban area.

What happens is, the elderly citizens also have to leave because if you need access to emergency services but you are nowhere near any of that care, you are going to have to go too. So there is not a single thing we can do in the Congress that would harm rural com-

munities quicker than what is being done this week by the Republicans.

I want to be really clear about how much harm is about to be done to rural communities, not just rural health care providers, not just nurses and doctors and technicians and admins and janitors and everybody who works at those rural hospitals.

That is important because in a lot of instances, that is the economic driver of a small town. It is also about, people start to make choices with their own life and with their own planning, especially as they get older, and they think to themselves: How do I stay close to health care? If that rural hospital goes away, that rural town goes away.

We have seen it in Hawaii. That is why we fight for Molokai Community Hospital. That is why we fight for Lanai Community Hospital. That is why we fight for Waiānae Coast Comprehensive Treatment Center. That is why everybody fights so hard for their community rural hospitals—because it is the center of a community, not just economically, but without it, you basically have no community.

All of this will cause the entire insurance market to unravel, raising costs for everyone. This means families are going to pay more for prescription drugs, pay more on their premiums, and pay more for out-of-pocket costs.

So if the Republicans are still unfazed by the health impacts of the repeal I just outlined, and have been outlining for the last 4 or 5 hours, over the last 3 or 4 days, there is another reason to be extremely cautious about what is about to happen. As we know, the vehicle for this is a budget resolution, right? They are trying to characterize this as, no, it is not a budget resolution.

The only reason they are doing it as a budget vehicle is so they can do reconciliation. What does that mean? That means they only need 51 votes, where otherwise they would need 60 votes, but this is a budget. If it were not a budget, they would not be subject to the 51-vote threshold. This is the Federal budget. This Federal budget increases the deficit by trillions of dollars.

This Federal budget increases the deficit by trillions of dollars—not trillions of dollars at a flat line with the previous Federal budget, this is trillions of dollars more than last year's Federal budget.

So if you are a fiscal hawk, gosh, you must be swallowing hard over the next couple of days. This must be a bitter pill to swallow because on the one hand, boy, do you hate ObamaCare. On the other hand, boy, do you hate running up the national deficit—not the debt, deficit—by trillions of dollars. This is insane. This deficit—what we are doing to the debt and deficit in the next 2 or 3 days makes everything that we have done in the last 3 or 4 years pale in comparison.

If you are a fiscal hawk, I cannot see how you get to yes on this. You cannot

vote to increase the national debt by trillions of dollars and then still call yourself a fiscal hawk. So we have a choice in front of us. Do we build on the progress of the Affordable Care Act or do we strip millions of Americans of their health care coverage, leave those with preexisting conditions out in the cold, and raise the national debt?

We know ACA has its flaws. No one ever said it was perfect. Let us be clear. Every major piece of legislation, every signature piece of legislation that this body has ever passed has been flawed in some way. What do we do when we are a functioning world's greatest deliberative body? We iterate it. We work on a bipartisan basis to fix it. That is what we should do.

The benefits of ACA are undeniable. That is what we should be debating, improvements to the ACA, not an implosion. So let's keep our eye on the ball and remember what our common goal is: giving every American the opportunity to get quality, affordable health care they deserve.

I yield the floor.

The PRESIDING OFFICER (Mr. SASSE). The Senator from New Jersey.

Mr. BOOKER. Mr. President, the hour is late, even though you look like you have a lot of work there to do, sir. I think I am going to be merciful and keep this short. I want to thank the Senator from Hawaii, the senior Senator from Hawaii, for his remarks.

I just want to wrap up. We have had multiple speakers now driving home a number of points. Two of them I just want to reiterate, which is the fact that as I look at a lot of more moderate and conservative outlets, from the American Enterprise Institute all the way to the American Medical Association, that did not support ObamaCare in the first place, you have this chorus growing of responsible, thoughtful people who said: Hey, we may want to repeal ObamaCare, but to do it without putting up a plan and showing the American public what you are going to replace it with is not only contrary, obviously, to a lot of the political rhetoric we heard during the campaign season, but it is against the logic, it is not prudent, it is actually reckless, and it is going to hurt a lot of people.

This is what we have to understand. I say it is akin to pushing someone off a ledge and telling them, as they are falling down, that, hey, we are going to get a plan, don't worry. The problem is, people are going to get hurt in the interim. The cost of medical care, not having that kind of business certainty that you need, it is going to spike markets and make things very difficult.

I just want to say that this body, which I respect—and I am happy to hear voices like Senator RAND PAUL and others on the Republican side begin to come out and say that we should not be repealing this without replacing it. I want to offer my gratitude to them because I think there are a lot of people—I even heard CHUCK

SCHUMER say himself that he is ready to roll up his sleeves and talk about ways to improve this.

We have heard from the President-elect, saying that he is going to have a health care system that is better and that costs less. I think he used the word “terrific” to describe what he is going to bring to the American people.

Well, where is it? Where is the plan? What is the idea? Because there are too many people right now in our country who are fearful of what might happen. When I say “fearful,” it is a base fear; for example, some people from my State of New Jersey. This is Martha, who lives in a town called Montclair—not quite the same town that the Senator from Hawaii was speaking of before, which I cannot pronounce yet. I hope he will help me with that. Mahalo; is that right? I am doing all right.

But this young lady from Montclair very dramatically writes:

I want to take a moment to thank you for fighting as hard as you have to protect those of us who are disabled and vulnerable to financial ruin, medical crisis, and debt if the ACA is repealed. I am a psychotherapist in private practice for over 20 years. I have served my community by keeping one-third of my caseload no fee or low fee for those who have had no insurance.

For over 20 years, I have purchased my insurance privately and paid dearly for my medical coverage. Two months ago, I was diagnosed with an extremely rare cancer in my central nervous system. I am fortunate that doctors believe that it can be controlled, but not cured, by my taking a low dose of oral chemotherapy for life. I now, as a result of this condition, have zero chance of being able to afford reasonable medical coverage purchased from an unregulated open market.

My life, literally without hyperbole, depends on my being able to maintain continuity of care and insurance regulations that eliminate exclusions for preexisting conditions. My energies are limited due to my illness. So I thank you for doing all you can to fight for my life and my family. The idea that people with preexisting conditions aren't contributing to the economic health of our country is a distortion. I personally address gaps in our health care system as a provider by sliding my scale.

The safety net is us, and if I lose my health coverage and can no longer afford it, I will no longer be able to afford to devote one-third of my caseload to those who cannot afford it. It becomes a profound domino effect.

That is where we are right now. I have heard so many of my colleagues, Republican and Democratic, speak to the things they like about ObamaCare or at least they like in the abstract, not giving ObamaCare any credit. They like the fact that people with preexisting conditions can get insurance. They like this idea that there will be no lifetime caps. That means that a child who might have leukemia and beats it and then becomes an adult can't find insurance because nobody wants to insure him because they have exceeded these ideas of lifetime caps. They have gotten rid of this idea that you cannot stay on your parent's insur-

ance just because you have turned 23, 24. Now you can do it until you are 26. There are so many aspects of ObamaCare that people say they like. One thing that even Republican Governors talk about liking is just the idea of Medicaid expansions that have occurred in 32 States and have enabled millions of Americans, hard-working families, their children, people living in nursing homes, those who suffer from addiction, and the poor and the underserved, to get access to quality health care.

That is what is incredible. We have people who are coal miners and sick who have benefited from this. We have folks who are in nursing homes who have benefited from this. We have folks who are suffering in this opioid crisis with addictions who have been able to get access to coverage and access to care. More than this, we have now created a system that equates and understands that mental illness and physical illness is in parity—that insurance companies have to offer that as well.

In addition to all of that, we now have a system that says to anybody that you cannot be denied for the kind of reasons you were denied before and find yourself falling into the trap that so many Americans did; that the No. 1 reason—or at least one of the top reasons people were declaring bankruptcy was because they could not afford their medical bills. These are all things that are universally—or at least the overwhelming majority of Americans want.

So we all agree on many of the basic goals. The question is, How do get there? It has been indicated by the President-elect and others that they have a plan to get there, to preserve all of these things that are now being savored by Americans, that are literally, as Martha from Montclair points out, saving people's lives. The question is, How are you going to get there? By the way, if you try to shortcut it and don't tell us how you are going to get there and just repeal ObamaCare, then you introduce uncertainty to the market. Insurance companies are speaking up. The American Medical Association is speaking up. The American Diabetes Association is speaking up. The American Cancer Society is speaking up. All of these nonpartisan or maybe even conservative folks are speaking up, saying: You can't do the repeal unless you put forward what you are going to replace it with.

Free market folks know you don't introduce uncertainty into the markets without consequences, and those consequences would be a disruption to the individual marketplace, the spiking of prices, people pulling out, and that death spiral.

I believe in the prudence of this body. I have seen it from people on both sides of the aisle—the thoughtfulness that they won't rush to embrace a pure political victory at the expense of real

people. Well, this is one of those moments.

What are we going to do as a body? Are we going to repeal and not replace? Or are we going to have a great discussion about what that replacement will be?

So tonight we have heard from a lot of my colleagues. I am really proud that folks have taken to the floor. I am even more proud that, from my office, we are hearing from people on both sides of the political aisle. Not everybody likes ObamaCare. Not everybody voted Democratic. It is people from both sides of the aisle. They do not understand why we would rush forward doing the repeal without the replace.

I want to thank everybody who has spoken tonight. The hour is late, and I just want to thank a lot of the folks who don't normally keep these kinds of hours. There are some pretty incredible people who work up around the President's desk.

We have a lot of pages here who do not get enough thanks on both sides—Republican pages and Democratic pages. I want to thank them, as well, for staying late, even though, technically—and I hate to call them out on this—if they have to stay up past 10 p.m., they don't have to necessarily do their homework and show up for school the next day. That is what I hear. So we might have done you a favor. But either way, I want to thank everybody tonight.

Mr. President, I want to suggest the absence of a quorum.

Oh, I am sorry. I want to—what do I want to do? I want to just drop the mic.

Mr. SCHATZ. That is the first time the Senate has ever ended with that one.

ADJOURNMENT UNTIL TODAY

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 12 noon today.

Thereupon, the Senate, at 12:16 a.m., adjourned until Tuesday, January 10, 2017, at 12 noon.

NOMINATIONS

Executive nominations received by the Senate:

IN THE ARMY

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY MEDICAL CORPS UNDER TITLE 10, U.S.C., SECTIONS 624 AND 3064:

To be major

JEREMY D. KARLIN
IRAHAM A. SANCHEZ

IN THE NAVY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES NAVY UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant commander

MATHEW M. LEWIS